


Summer 1971

Jefferson Alumni Bulletin – Volume XX, Number 4 Summer 1971

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Jefferson

MEDICAL COLLEGE
ALUMNI
BULLETIN

Summer 1971

Carlos Finlay

THREE YEARS ON THE BOARD

by George J. Willauer, M.D. '23
Retiring Alumni Trustee

My term as your representative on the Board of Trustees of Thomas Jefferson University began on July 1, 1968. Among the varied Board activities in which I participated were service on the College Committee and as an Exchange Trustee to the Board of Trustees of the Philadelphia College of Pharmacy with which the University had recently become affiliated. The following year I joined the Resources Committee and the Steering Committee for Planning of New Clinical Teaching Facilities and the third year, the Hospital Committee, replacing duties on the College Committee.

One of the most significant issues raised by the Alumni Association during my tenure was the question of University policy towards the Clinical Teaching Program. In 1969 the Executive Committee of the Association petitioned the Board for clarification of its position on this facet of the curriculum. The Report of the Committee on Clinical Teaching expressed alumni concern over the increasing deemphasis on clinical medicine in favor of research. The Report focused on three basic problems: (1) a lack of Executive Faculty interest in clinical medicine; (2) a decrease in the number of physicians who are in practice and use Jefferson Hospital as their primary hospital to care for their own patients; (3) a growing separation of the full-time and volunteer staffs. Seeking to resolve these questions, the Report urged: (1) that search committees for new department chairmen consider men with an interest in teaching and clinical as well as research experience; (2) that present department chairmen appoint voluntary teachers whose primary hospital would be Jefferson; (3) that an increasing dialogue take place between the full-time physicians and the part-time and volunteer teachers, including equal rate of advancement and consultation on policy.

The reply to this Report was given at the October 1969 meeting of the Trustees by an Ad Hoc Committee of the Executive Faculty.

This committee under the chairmanship of Philip J. Hodes, recognizing the report as an earnest expression of a concerned alumni, gave careful and probing study to the issues regarding clinical teaching as put down by the alumni's Executive Committee. The members noted with appreciation not only the candor of the report but the depth and degree of involvement of Jefferson's alumni body.

Two statements appearing in the Alumni Bulletin express well the faculty committee's stand on this important issue. In the spring of 1968 Henry L. Bockus, completing his term as alumni trustee said:

A clinical faculty should comprise those who are steeped in the clinical disciplines of Sydenham and Laennec with talent and interest in teaching, as well as those who are primarily concerned with research. On the clinical side this is best achieved, I believe, by a continuing balance between the absolute full time, geographic full time, and part time faculty members . . .

Later, (Winter 1969) Dean William Kellow wrote:

Jefferson traditionally has been strongly dependent for clinical teaching on the vast contributions of many dedicated physicians who give their full time and receive small stipends in return. As our full time faculty has grown, questions have arisen about the future status of the part time and volunteer members. The trustees, as well as the officers of the College, feel that Jefferson will always need the type of mixed faculty that now exists in order to carry out her multiple missions which are emphasizing clinical teaching and patient services more and more. The Administration

continued on back inside cover



IN THIS ISSUE

Alumni are the focal point of this issue of the Bulletin. Carlos Finlay's (1855) quest for the key to the transmission of yellow fever is explored in Dr. J. A. del Regato's informative and entertaining article; Dr. George J. Willauer '23, summarizes his term as Alumni Trustee in Commentary; Dr. James M. Hunter '53, is the Profile subject. Photographic coverage of reunion activities begins on page 29. Finally the newest alumni, the class of 1971, are shown at their moment of achievement—graduation. A special report studies the timely and pertinent question "Are Americans Losing Faith in Their Colleges?"

On the cover:

The bust of Carlos Finlay, now on the third floor of the new Scott Library, was presented to Jefferson by the Cuban government during the celebration, at the College, of the centennial of his graduation in 1955.

Credits: Cover photograph and pp. 35, 36, 37, Peter A. Kind, III; Commencement, banquet and profile photos, Gene Wieland, Jr.

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Carlos Finlay and the Carrier of Death

*The Cycle of Successful
Scientific Discovery*

BY JUAN ANGEL DEL REGATO, M.D.

Yellow fever, for centuries a dreaded scourge that decimated cities, disappeared from the annals of public health everywhere within months of the application of remarkably simple preventive measures advocated by a tireless physician, genial scientist and dedicated humanist, Carlos Finlay. The brilliant and dramatic verification of his experimental work with the mosquito by the U.S. Army Medical Board, and the acceptance and implementation of his culicidal public health measures, freed the world from a dreaded menace, facilitated the development of easier intercourse among nations and made possible the undertaking of civilizing tropical enterprises which affected the history of mankind.

Endemic in the Caribbean islands and coastal areas of South America and Africa, yellow jack made irregular excursions to North America and to Europe. In the United States, the southern ports of Galveston, New Orleans, Mobile, Charleston and Savannah were frequently visited, but the curse occasionally appeared also in Memphis, Saint Louis, Cincinnati, and Pittsburgh. In the short span of a few summer weeks the disease demoralized entire populations: households were carted away in wagons, wheelbarrows, trains; roads were jammed with an endless stream of those fleeing on horseback, donkeys or on foot. As the fever found more victims, corpses accumulated with an intolerable stench: there were no coffins, no hearses, no grave diggers!



Portrait of Dr. Finlay as he appeared at the end of century.

Courtesy of J. Feroselle-Bacardi, M.D.

Panic spread even faster than the fever. Men would abandon their sick wives and children and could not be persuaded to return to bury them. Few who had the fever survived; they, and a number of others who were unaware of having suffered a mild attack, became immune and were said to be "acclimated." The statistics of death were the pulse of the epidemic. They could not describe the terror that repressed tears, nor express the sorrow, the desolation, or the solemn oppression of universal death upon the mind: the painful acquiescence that man can suffer from worse than fever and hunger. And then, at the height of despair, when hope and decency had lost their emotional primacy, with the first winter frost, no new cases occurred, deaths decreased, the scurrying absentees returned and life resumed with diminished numbers and damaged dignity.

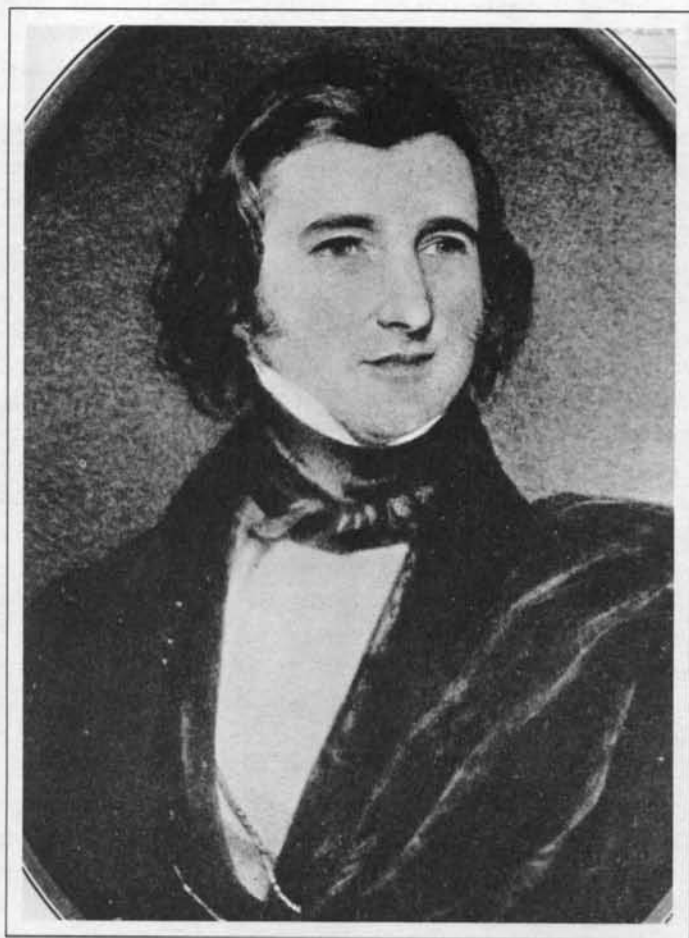
The city of Philadelphia had been spared for over a third of a century when, in July 1853, the first victim of yellow fever was reported in South Street near the wharves. The next day five new cases occurred in Swanson and Water Streets and the panic was on. The causes of the epidemics had been discussed for centuries and the arguments were the same in the learned academies as in the streets. The contagionists, seeking a foreign cause to the epidemic, accused *The Mandarin*, the three-masted sailing vessel originating in Cienfuegos (Cuba) which had just discharged its cargo in the wharves. The environmentalists, seeking the cause in the local atmosphere, pointed at the unsanitary alleys, the foul culvert along Pegg's Run opening on the Willow Street wharf, the undrained deposits of impure water resulting from the ebbing of the Delaware, the sewer outlet vomiting a steady stream of filth and belching unwholesome gases above water at the South Street ferry dock. The victims could not expect much help from medicine. Many physicians still practiced the controversial purging-plus-bleeding treatment of the famous signer of the Declaration of Independence, Dr. Benjamin Rush. On October 7th, 1853, with the first frigid embraces of the coming winter, the city of Philadelphia recorded its last case and the end of the epidemic. A young student just arrived from Havana, where the disease had been endemic for over 200 years, must have been impressed by the virulence of the epidemic and the fever of the intellectual debate. On October 27, 1853, he registered at Jefferson Medical College to start his studies of medicine. He was of short stature, elegantly dressed, displaying unaffected courteous manners and spoke with a suggestion of faltering elocution in faultless French, Spanish or English. He signed the registration book as Charles Finlay.

Juan Carlos Finlay was born in Camagüey, Cuba, on December 3, 1833, the son of Dr. Edward Finlay, a Scottish physician, and of a Frenchwoman, Eliza de Barrès, born in Trinidad. Tutored at home by a paternal aunt, Finlay was sent to France at the age of eleven for his secondary education. His studies were marred by French political disturbances which forced him to spend a school year in Germany,

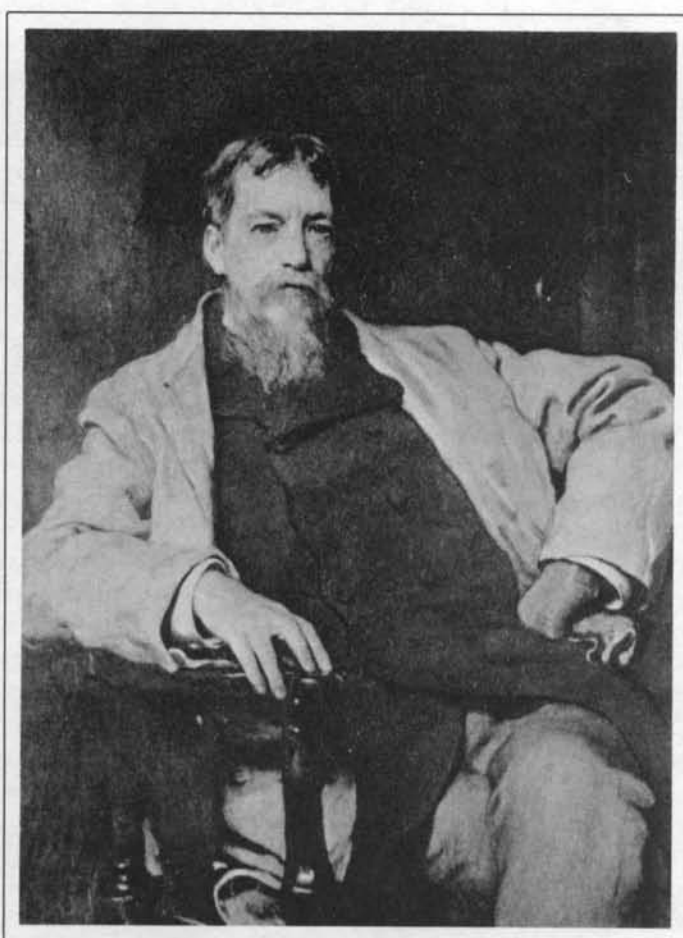
and by an attack of chorea which forced his temporary return to Cuba. However, he received a sound foundation in the classics, mathematics, physics, chemistry, geography, and history. He intended to study medicine in France but again was obliged to return to Cuba to convalesce from an attack of typhoid fever. Unable to register at the University of Havana, he turned his interest to the Jefferson Medical College, a young American institution with a vigorous faculty: Joseph Pancoast, the capable Professor of Anatomy; Robley Dunglison, the prestigious physiologist soon to become Dean; Charles Meigs, the brilliant lecturer and obstetrician whose vast culture and high ethics permeated his pupils; T. D. Mütter, the beloved Professor of Surgery who was credited with importing the "quiz" system from Edinburgh; and J. K. Mitchell, the ardent Professor of Medicine whose views on epidemics were to make an indelible mark on Finlay's young mind.

Professor John Kearsley Mitchell was a Virginian and, like Finlay, the son of a Scottish physician. He had studied medicine in Edinburgh and had made a reputation as a competent physician and dedicated teacher. One of Professor Mitchell's lectures, subsequently printed through the initiative of his pupils, was entitled *On the Cryptogamous Origin of Malarious and Epidemic Fevers*. In it he expounded his theory that these diseases were caused by living organisms, by fungi, the spores of which would gain access to the human circulation to produce the fever. Arguing against both the contagionists and the environmentalists, the eloquent lecturer revealed the inconsistencies of their theories and, in the process, opened new questions for which there were no answers. Although yellow fever is predominant in the tropics, why is it diminished by excessive drought and heat? Why do sailors who go ashore in infected areas, from Jamaica to Zanzibar, frequently contract the disease if they stay overnight, whereas those who sleep or stay aboard not only do not have it but do not contract it from their dying shipmates? If incoming boats are vehicles of the disease, why do boats arrive every year from the same infected areas without causing epidemics? If the disease is contagious, why do patients who are removed to the country or to hospitals not give their disease to their relatives or neighbors, to doctors or nurses? If the disease is not contagious, how do we explain the recorded cases of distant relatives who acquired the disease upon receiving the personal belongings and clothes of a relative who died of yellow fever? If the miasmatic gases are the cause, why do gauze veils

Dr. del Regato is Director of the Penrose Cancer Hospital in Colorado Springs and Professor of Clinical Radiology at the University of Colorado. A native of Camagüey, Cuba, Dr. del Regato received in 1955 the Gran Canciller, Order of Merit of Carlos Finlay. In addition he holds Gold Medals from the Radiological Society of North America, the Inter American College of Radiology and the American College of Radiology. The article on Carlos Finlay, revised and expanded for publication in the Alumni Bulletin, was first printed in Americas.



Portrait of John Kearsley Mitchell, M.D., the brilliant Professor of Medicine whose lecture on malarial and epidemic fever inspired his young student.



Portrait of Silas Weir Mitchell, 1850, Finlay's chosen preceptor who became his advisor and life-long friend.

around face and neck, and window screens, which do not stop the circulation of gases, appear to be protective measures? The Professor commented prophetically:

... after all my labor and your polite attention, gentlemen, the theory presented to you may not be finally demonstrated. But I hope that it may revive the inquiry into the facts . . . We must, for the present, suppose—he concluded sententiously—that yellow fever is portable yet it is not contagious.

The Professor had all but suggested a vector. Twenty-eight years later his Cuban pupil became the first to suggest, and experimentally prove, the transport of the causative agent, then still unknown, from the blood of a patient to that of another person by the intermediate of an insect.

Upon registration at Jefferson Finlay had chosen as his preceptor Dr. Silas Weir Mitchell, the young son of Professor John Mitchell. Finlay spent most of his time in the office of his preceptor (who was only four years his senior) and remained with him for an additional year after his graduation. Weir Mitchell had done work in Paris in the laboratories of Claude Bernard, the father of experimental medicine. The brilliant French scientist had planted in the mind of the young American the seeds of scientific investigation

and of its proper course: first observation, then logical hypothesis and, finally, construction of an experiment which may prove or disprove the logical assumption. Thus, in his association with Weir Mitchell, Finlay learned the sterility of theories that were not corroborated by experimental work. Their friendship was to last for a lifetime. Although he continued to be active in medicine, Weir Mitchell gave himself more and more to literature and became known as a fiction writer; Finlay returned to Cuba to practice medicine but continued to be fascinated by the unanswered questions posed by epidemic fevers.

Finlay was a busy practitioner of medicine, kind and devoted to his patients. However he always found time for special studies with the help of the binocular microscope which he had brought from Philadelphia. In 1858 he made a prolonged study of the changing alkalinity of the air which he attempted to relate to the changing occurrence of cases of yellow fever. In 1865, he married Adelaide Shine, a finely educated young woman of pure Irish stock and, like his own mother, a native of Trinidad. They were both thirty-two years of age. For fifty years of their married life Mrs. Finlay, a devoted and kind woman, gave her husband the steadying,

affectionate support which he must have needed to sustain his scientific efforts.

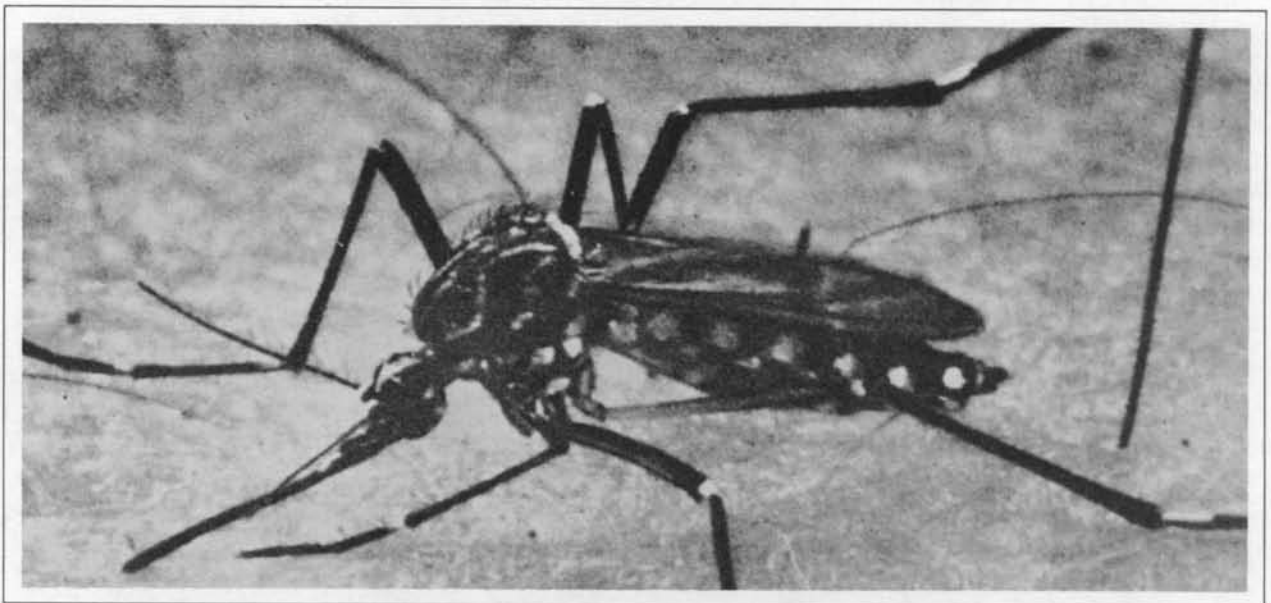
In 1868 there was an outbreak of cholera in Havana and Finlay took care of a number of the victims. His perspicacity led him to observe that all of the patients came from the same side of a street and, in further investigation, to implicate the source of water as the cause of the epidemic, a fact which had not been suspected. This year ended with the rise of Cuban patriots in a cry of independence which was accompanied by the liberation of slaves. The war lasted ten years and ended in a truce.

In 1879 the Spanish Governor of Cuba appointed Finlay, as representative, to collaborate with the members of an American Yellow Fever Commission which arrived in Havana to make studies of the disease. Dr. Stanford E. Chaillé, Chairman of the Commission, brought with him a young, promising medical student, Rudolph Matas, as a scribe. The pathologist of the Commission was Dr. Juan Guiteras, an American educated Cuban, and the bacteriologist and secretary was Dr. George M. Sternberg. Finlay's collaboration in the work of Sternberg and their passionate interest in yellow fever led to a lasting friendship between the two scientists. Upon return to the United States, the members of the Commission rendered a report in which they included an account of Finlay's work on the alkalinity of the air. The report concluded that yellow fever is a transmissible disease and the causative agent should be found in the air. Finlay continued to study the numerous specimens left with him by the Commission, particularly blood smears and histologic studies of blood vessels. Professor Rudolph Matas was later to write:

... the image of Carlos Finlay remained in my mind as the model of exemplary wisdom, of the laborious worker, wealthy in strength of knowledge, in rectitude of principles, in conscientiousness and intellectual integrity.

During this time, Finlay, a man of varied interests, was reading a book of botany by van Tieghem. He was attracted by the description of the evolutionary cycle of a parasite of wheat (*puccinia graminis*) whose spores of the fungus were said to be unable to germinate except on another plant (*berberis vulgaris*), whose presence was necessary for the parasite to complete its cycle and destroy wheat. Thus, Finlay was led to think of an equally indispensable intermediary between one case of yellow fever and the next. As he sat beside his bed saying his rosary one night, Finlay was disturbed by a persistent mosquito. Distracted from his devotion, his mind, starting the cycle of scientific discovery, first conceived an idea that had never as yet occurred to any man: that the mosquito could be that indispensable intermediary, the carrier, a veritable vector of death between the sick and the next victim. And, once again, as in numerous other instances of important human discoveries, the genesis was not the result of logical conclusions or the yield of an experiment but rather of a sudden thought, as a flash of light in the darkness: a sudden illumination, a manifest sign of long prior cogitation.

The mosquito was the logical hypothesis. Now there was need for serious observation and work. In the identification of Cuban mosquitoes available foreign books were not much help to Finlay so he sought the aid of the Cuban naturalist, Felipe Poëy, who had contributed to their classification. With a dedication that must have seemed odd to others, Finlay studied the main varieties of the insect on the walls and ceilings, as well as those in flight inside mosquito nets, and finally identified the culprit, the *Culex mosquito* (later renamed *Stegomyia fasciata*, now *Aedes aegypti*; the genus *Aedes* has a subgenus *Finlaya*). He noted that the male of the species was a dull vegetarian who died shortly after impregnating his mate. Finlay concentrated his attention on the sultry female,



The culprit: *Aedes Aegypti*.

studying in detail her anatomy and physiology. He observed that she bit humans after her fecundation and laid eggs several times, but only after gorging in blood. He watched her raise her buttocks and lower her head as she drove her trunk through the skin into the blood capillaries of her victim. After sucking blood, the animal became quiet for several days of digestion while covering herself with a thin coat of her own excretions.

One of Finlay's mosquitoes bit twelve times in thirty-one days. He verified that the insect could hibernate at temperatures just above freezing and could be destroyed by high temperatures. The relatively cooler hours of the evening and early morning were her favorite time for action. He observed that the *Culex mosquito* was not to be found in the plains, away from rivers, that her flight was short due to her small wings and that the rarefaction of air at altitudes beyond 1200 feet interfered with her flight. Because the insect preferred to lay her eggs in the borders of quiet, clean, fresh waters, she was often found near inhabited places and clean households. Finlay also noted the considerable endurance of these eggs, capable of standing dryness for months, before their eventual transformation into myriads of new mosquitoes. It was to be concluded from these observations that ships carrying their drinking water supply could transport the insect to far lands, that hibernating infected mosquitoes could travel for weeks in the holds of steamers hiding in clothing or even closed baggage to start an epidemic in the port of call.

In February 1881 the Spanish government appointed Carlos Finlay to represent Cuba and Puerto Rico at the International Sanitary Conference held in Washington, D. C. The conference busied itself primarily with resolutions on international regulations and with the exchange of public health data; it is likely that the assembly of functionaries was quite unprepared for a challenge of the concepts with which they had lived. Cautiously, Finlay presented his views:

Without entering into technical details . . . I beg leave to remind my colleagues here present that the sanitary measures now generally recommended to prevent the propagation of yellow fever are founded upon a mode of viewing that disease which is considerably at variance with a considerable number of observed facts.

It is my personal opinion that three conditions are necessary in order that the propagation of yellow fever shall take place: 1) the presence of a previous case of yellow fever within certain limits of time; 2) the presence of a person apt to contract the disease; 3) the presence of an agent entirely independent for its existence both of the disease and of the sick man, but which is necessary in order that the disease shall be conveyed from the yellow fever patient to a healthy individual.

. . . if my hypothesis should be realized, all those measures now employed to check the progress of the disease would turn out to be without effect, inas-

much as the principal efforts should have been directed . . . to destroy the agent of transmission or to divert it from the path that it follows in communicating the disease.

There is no record that anyone present discussed or alluded to Finlay's remarks; it is very likely that no one there understood what he was talking about. Nevertheless, Finlay had put his message clearly, indelibly, on the annals of history.

The time of logical hypothesis and observation was past; now the time had come for experimentation. The experimental production of a few fatal cases of yellow fever would have convinced the skeptics. Finlay, an ethical and compassionate man, could not bring himself to experiment on the unsuspecting nor endanger the lives of those who entrusted themselves to him. Burdened by his own temptation and by the suggestion from others, Finlay's ethical sense and untarnished conscience prevailed. Brought up to safeguard life, he found it impossible to impose death on others; like many before and after him, he may have sensed that to decide someone's death was to begin a moral descent that he must have dreaded. Jenner's discovery of vaccination was over seventy-five years old but it had been thought applicable only to smallpox. Now Pasteur had just suggested that the principle could be applicable to all infectious diseases. Little by little, Finlay gleaned the possibility that, with the help of captive mosquitoes, he might succeed in producing mild cases of yellow fever that would immunize, benefit rather than destroy, the consenting subject of a clinical experiment. A great number of the inhabitants of Havana were immune to the disease and consequently unfit for such an experiment; the volunteers had to be sought among the unacclimated recent immigrants. Finlay talked to the Captain General of the Spanish troops and twenty soldiers volunteered for the experiments. It was important that the subjects should not have been exposed to yellow fever and that they be quarantined for a reasonable time before and after the experiment. The soldiers were quartered on the heights of La Cabaña fortress and brought across the bay in groups of four during the middle of the day to be questioned, examined and carefully chosen by Finlay in his office.

After hatching the carefully collected mosquito eggs, on June 18, 1881, Finlay had a mosquito bite a patient in the fifth day of what proved to be a mortal case of yellow fever and, after twelve days had elapsed, he had that same mosquito bite one of his volunteers. Nine days later the subject, Francisco Beronat, was hospitalized with a typical case of yellow fever, with jaundice and albuminuria. Finlay inoculated four more subjects, one of them without results. Meanwhile he observed most carefully fifteen other volunteers quartered at La Cabaña under the same conditions as the inoculated ones. None developed abnormalities. Having initiated his human experiments successfully and gaining moral strength from the fact that death had not resulted from them, Finlay presented, on August 14, 1881, to the

Royal Academy of Medical Sciences of Havana a paper modestly entitled *The Mosquito Hypothetically Considered as the Agent of Transmission of Yellow Fever*. In proper academic fashion, this was a detailed presentation of his studies of the mosquito and of the recent experiments, emphasizing that a single bite of the infected mosquito had been insufficient to produce a fatal case of yellow fever. He admitted, self-critically, that there could be no certainty that his subjects might not have acquired the disease independently of his inoculations; he also admitted the necessity for further study and time. Finlay's discovery was too revolutionary, and its consequences too transcendent, for it to be admitted readily by anyone, anywhere. His colleagues looked at each other incredulously and the presiding officer of the Academy tabled the paper to obviate discussion and embarrassment to everyone. All that can be said charitably, in retrospect, is that the Cuban academicians were neither original nor exceptional: their attitude was to find its echo everywhere for twenty years.

Claude Bernard had talked of hypothesis, observation and experiment; he did not mention the fight against incredulity. Finlay was to find it the toughest yet. It is not so much that scientists distrust new revolutionary ideas from others; rather it is their incapacity to admit to themselves, all of a sudden, that what they thought they knew was not so. As many other scientists before and after him, Finlay had to learn to live the double life of his convictions, unaccepted by others, and the order of things acceptable to most but not to him. As so often happens, Sir Patrick Manson, working in Asia, had simultaneously discovered that the mosquito was the vector of filaria; this was revealed years later.

Encouraged by the fact that a single bite from an infected mosquito had not conferred a fatal attack, Finlay continued his experiments and found that the longer the time allowed to elapse between the bites to the sick and to the normal, the greater the seriousness of the attack of yellow fever. He also observed that the mosquitoes became infective sooner at a higher temperature. He acquired a new source of volunteers, the Jesuit fathers. Young, unacclimated priests were sent to breezy finca San José outside Havana, where there had been no case of yellow fever in a decade, and there Finlay inoculated them with infected mosquitoes. On July 15, 1883, Father Urra, S. J., was unsuccessfully inoculated; on August 17 he was again bitten by a mosquito which four days earlier had bitten two patients on their sixth day of the disease; while none of his colleagues showed any abnormality, he fell ill. Father Urra's daily record (still available today), his temperature and repeated urine analyses revealed all of the symptoms of a mild case of yellow fever; in subsequent years of residence in Cuba he never contracted the disease again.*

Keeping very accurate details of temperature, pulse, urine analysis and follow-up, Finlay accumulated one hundred four records of inoculations; most volunteers developed abortive cases of the disease, few showed frankly pathologic signs; only four of these inoculated volunteers developed yellow fever in the years to follow, two of them fatally.

*Case number seventy-one was Father Gutiérrez-Lanza who became a noted twentieth century tropical meteorologist at the Colegio de Belén of Havana; it was to him that Finlay confided his story of the rosary and the mosquito. Father Gutiérrez recounted the charming anecdote to the author, in Washington, D.C., in 1939.

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FINLAY, YELLOW FEVER.

395

nervous system, play a much greater role in childhood than in adult life and render a diagnosis much more difficult.

Finally, from what has been said, we must admit the great importance of recognizing whether symptoms are real or reflex, tracing them from one end of the labyrinth of nerves to the other, and following them out with the minutest detail, for in this way only can we speedily reach the goal of recovery through definite and exact diagnosis, with resulting appropriate prognosis and treatment.

YELLOW FEVER:

ITS TRANSMISSION BY MEANS OF THE CULEX MOSQUITO.

By CHARLES FINLAY, M.D.,

MEMBER OF THE ACADEMY OF MEDICAL, NATURAL, AND PHYSICAL SCIENCES OF HAVANA, AND OF THE "ACADEMIA DE MEDICINA DE BARCELONA."

In the month of May, of last year, when the yellow fever epidemic was commencing at Vera Cruz, Dr. Carmona, of Mexico, inoculated six prisoners with the dried residue of yellow fever urine. In two of the six, the local symptoms of the inoculation were immediately followed by those of fatal yellow fever, and, a few days later, both died on the same day (Carmona, *Leçons sur l'étiologie et la prophylaxie de la fièvre jaune*, p. 265). This unfortunate result agrees with the views that I have entertained since 1881, viz., that whereas the disease is not spontaneously transmissible by infection through the air nor by contact, it can be communicated by inoculation. In searching for a natural agent capable of fulfilling this condition, I was led to fix upon the Culex mosquito as the most likely one. Before submitting, however, the experimental results which, so far, appear to confirm my theory, it will be necessary to describe the habits and peculiarities of this insect.

Title page of the
*American Journal
of Medical Sciences*
published in Phila-
delphia in 1886 and
first page of an
article contributed by
Finlay.

During the last two decades of the nineteenth century, Finlay wrote forty-five papers to scientific academies or societies. In 1884 he made and reported a comparative study of spontaneous and experimental yellow fever. Weir Mitchell was kept informed; he suggested using an intravenous needle for the transfer of blood from the sick to the normal in order to ascertain whether or not the mosquito modified "the poison." Commenting on a Mexican experiment, Finlay wrote, in 1886 in the *American Journal of Medical Sciences*:

This unfortunate result agrees with the views that I have entertained since 1881, viz., that whereas the disease is not spontaneously transmissible by infection through the air nor by contact, it can be communicated by inoculation.

Although many were indifferent, others were not. In 1891 Lieutenant Colonel George M. Sternberg wrote:

I think it proper to make a few remarks in reference to these so-called 'mosquito inoculations' . . . This supposition (Finlay's) that a minute quantity of virus adhering to the surface of the proboscis of the insect is sufficient to produce a mild attack of the disease in an unprotected person, does not appear very probable . . . I know of no experimental evidence which goes to show that the blood of yellow fever patients contains the virus of the disease, and that yellow fever can be transmitted by inoculations of such blood . . . no one has felt sufficiently impressed with its value to repeat the experiments of Dr. Finlay . . .

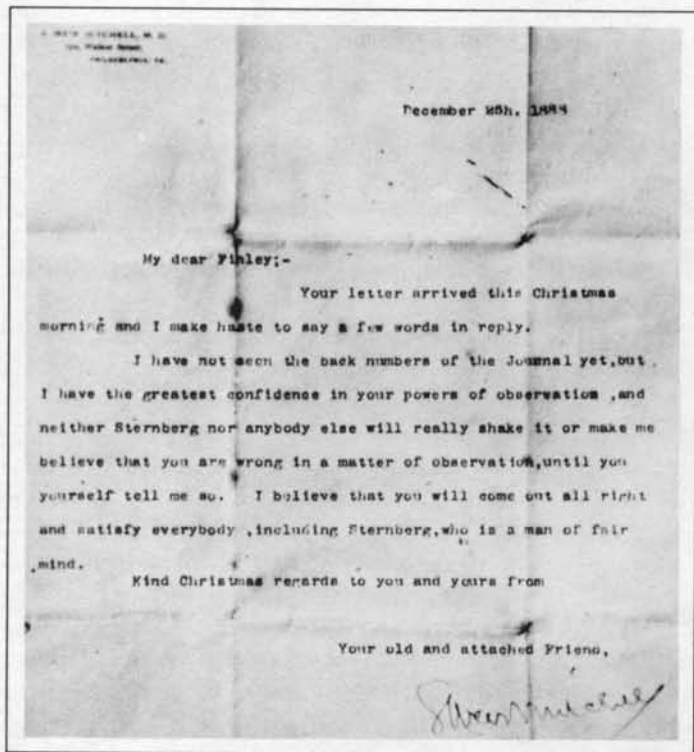
Meanwhile, the actual cause of yellow fever remained unknown and Finlay applied himself also to its discovery. This was the era of Pasteur and the solution of every health problem was expected from the discovery of its cause. Finlay identified a micrococcus which he thought to be the agent; a report was sent to the *Lancet* of London and cultures of the bacteria shipped to Weir Mitchell. His diligent and loyal friend had the cultures studied by Welch and Osler at Johns Hopkins and also consulted Sternberg who had identified another bacterium as the cause of yellow fever.

I have the greatest confidence in your powers of observation—wrote Weir Mitchell to Finlay—I believe that you will come out all right and satisfy everybody, including Sternberg, who is a man of fair mind.

Finlay and Sternberg only added their names to a long list, not yet completed, of prestigious failures in this endeavor.

In 1892 Finlay reported to a Philadelphia journal his experiments on the treatment of yellow fever patients with serum from the immune. In 1894 he reported to the Eighth World Congress of Hygiene and Demography, held in Budapest, the preventive measures to be taken: isolation of patients, fumigation of houses and extermination of the mosquito. Through all these years of effort, Finlay had only one believer, his faithful pupil, collaborator and friend, Dr. Claudio Delgado. Although the disappointment and frustration would have been too much for anyone else, there is no record that Finlay showed signs of discouragement.

Early in 1895, patriotic Cubans launched a second war for independence from Spain which started at the eastern end of the island and the clarion sound of Eduardo Agramonte's *diana mambisa* aroused Cubans to take arms. Less than two years later, having defeated the Spanish armies along their way, the *insurrectos*, among whose ranks was Finlay's son, had reached the western-most province of Cuba. Then the *Maine* exploded in the bay of Havana. In April 1898, the United States declared war on Spain; the timing was just right for the mosquito! The first troops left Key West in the middle of June and on July 1st, the first case of an American soldier with yellow fever was reported; the number of cases was to mount rapidly. Finlay, who was in Tampa at the time, went to Washington to see his old friend Sternberg, who had become Surgeon General of the Army and also had replaced Dr. Leonard Wood as White House physician. During the first weeks of the war Sternberg's voice was law. Finlay asked that a commission be appointed to verify his work with the mosquito; Sternberg was friendly but unsympathetic. A good excuse was the fact that Surgeon General Wyman, of the U. S. Marine Service, had already done so and that his commission was already working in Cuba. In spite of his sixty-five years, Finlay insisted on serving the American army of occupation as a contract surgeon. On July 22, 1898 he received his papers and was shipped to Santiago on the hospital steamer *Olivette*. When he landed on Cuban soil the war was over, but the health of the dough-



Facsimile of letter written by Dr. S. Weir Mitchell to Dr. Finlay in 1888.

boys was a mess. The Commander of the American troops in Cuba had asked for immediate evacuation of his "army of convalescents;" in the mixed metaphor of Colonel Theodore Roosevelt:

My own cavalry brigade was so weakened and shattered as to be ripe for dying like rotten sheep.

According to a witness, officers as well as soldiers would become hysterical, break down and cry when told that they could not leave on the next ship. Roosevelt accused Washington's "elderly men" and their inability to break through routine. The peace was signed in August 1898, and the American occupation extended to the length of the island.

Major William Crawford Gorgas, southern gentleman and career U. S. Army physician, forty four years of age, arrived in Havana in December 1898, to take charge of the health of the city. The son of a Confederate General, Gorgas had been denied an appointment to West Point and chose medicine as the one other door to the U. S. Army and to the honored uniform which was once his father's. Yellow fever was no stranger to Gorgas. He had witnessed epidemics of it and had survived its visitation upon himself; he had a passion for the study of the disease and favored the theory of the miasmas. As he observed later:

We knew no more of the sanitation of yellow fever than we had known for a century before.

Shortly after Gorgas' arrival in Havana, Finlay, who had returned to civilian life, addressed the medical officers of the U. S. Army and Navy on his plan to abolish yellow fever: the larvae of the insect could be destroyed by disinfectants in stagnant waters, the mosquitoes by fumigation in the houses of patients; the use of screens in windows and doors should impede mosquitoes from reaching the infected patient. The metal screens used in the U. S. for comfort were to be used for health in the tropics. Gorgas provided Havana with a modern and efficient health organization and, in his own estimation, the city became "cleaner than any other city had ever been up to that time." In spite of energetic, but ordinary, sanitary measures, the occurrence of cases of yellow fever and the consequent mortality continued to increase and had tripled by the end of 1899. The paradox was pointed out that the cleanest sections of the city were the worst affected. Gorgas was later to admit that, although he met Finlay almost daily in the Sanitary Department, he was one of those who believed the least in his mosquito theory.

A most lovable man in character and personality, scientifically honest and straightforward — wrote Gorgas of Finlay— I was constantly bringing to his notice instances . . . which could not be accounted for on the mosquito theory. He, with the greatest ingenuity, was ready to explain how the mosquito theory could be turned so as to meet just this condition.

Meanwhile Drs. Wasdin and Geddings, reporting for the Marine Service Commission on their work in Cuba, favored the *bacillus sanarelli* as the cause of yellow fever. Sternberg doubted the veracity of their conclusions and recommended

to the Adjutant General the organization of an Army Medical Board, headquartered at Camp Columbia, to pursue . . . "scientific investigations with reference to the infectious diseases prevalent in the island of Cuba and especially of yellow fever." He designated his close friend, Major Walter Reed, an intense Virginian, as Chairman. Contract Surgeon James Carroll, an Englishman by birth, had done bacteriological work with Reed on the *bacillus icteroides* in Washington. Contract Surgeon Jesse W. Lazear, a Baltimore microbiologist with training at the Institut Pasteur, had left Hopkins and his association with Thayer to study malaria in Cuba; he was the only member of the Board with interest in, and a knowledge of, the morphology and physiology of mosquitoes. Contract Surgeon Arístides Agramonte y Simoni, born in Cuba and educated in the United States, was a graduate of Columbia University and a former bacteriologist for the City of New York; he had studied for the Surgeon General the appalling importation and propagation of typhoid fever to American Army Camps in Cuba.

In the afternoon of June 25, 1900, the members of the Board met for the first time on the porch of the medical officers quarters at Columbia Barracks, near Los Quemados, Marianao, eight miles west of Havana. They listened reverently as Reed presented the extensive plans of the Surgeon General. It was an unhurried plan and all felt committed for at least two years, whether or not the occupation of Cuba gave way to a new republic. On the evening of this historic first meeting Dr. Lazear had a long and fruitful conversation with Henry R. Carter of the U. S. Marine Hospital Service. In Mississippi, Dr. Carter had observed that an interval of fourteen to twenty days lapsed between the first and second case of yellow fever in a previously uninfected house; he called this interval the extrinsic incubation period. On June 26 Carter sent Lazear a reprint of his paper on this subject with a handwritten note:

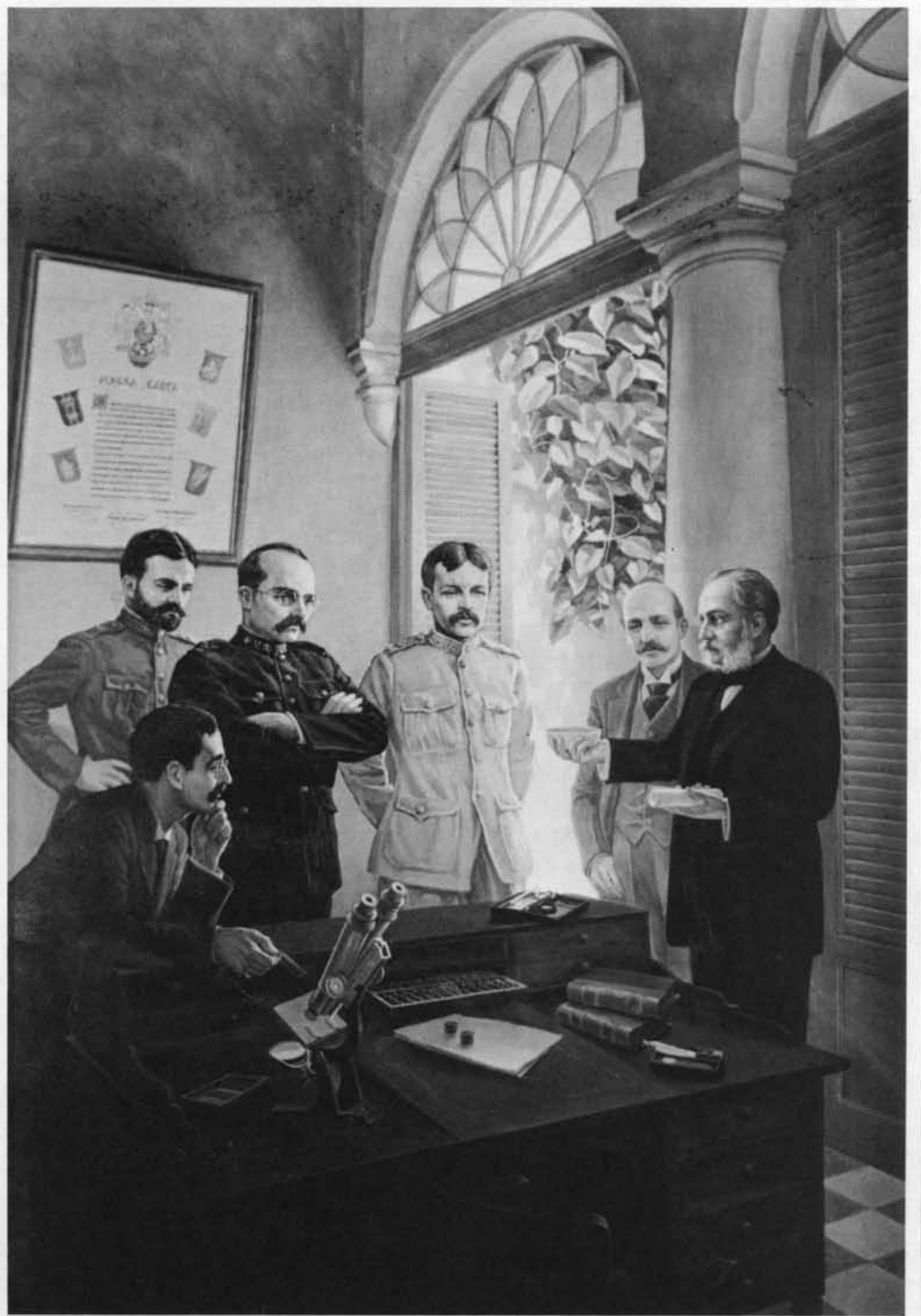
. . . the a priori argument of Dr. F's theory has much in its favor and to me is more than plausible . . .

The issue of the *bacillus icteroides* pervaded the work of the Board.

The laboratory work goes on but not as satisfactorily as I had hoped—Lazear wrote to his wife—Reed and Carroll have notions as to what we should do that I don't agree with. They are not inclined to attempt as much as I would like to see done. They are interested in the controversy with Sanarelli and they think of that all the time.

Agramonte's work did confirm that the *bacillus icteroides* was only a frequent contaminant found in various cadavers. Lazear pursued his interest in malaria and mosquitoes; in his laboratory he developed a colony of the various varieties found in Cuba. In Pinar del Rio as in Santa Clara, Reed and Agramonte were faced with cases and circumstances that threw great doubts on the spread of the disease by direct contact with patients. Towards the end of July the Board members decided to study the "mosquito theory."

Oil painting by Esteban Valderrama of the historic moment on August 1, 1900 when Finlay offered the eggs of mosquitoes to the visiting members of the U.S. Army Board. From left, Dr. Lazear, Dr. Carroll and Dr. Reed. Leaning on desk is Finlay's son and immediately to his right Dr. A. Diaz-Albertini.



. . . the work along the lines of Dr. Finlay's theory was undertaken as a matter of course . . . and not because as a body the Board thought any too well of it—wrote Agramonte—At the time neither Drs. Reed, Carroll or myself believed in the said theory, the only one of us inclined to consider it favorably being my friend and classmate, Dr. Jesse L. Lazear.

On August 1, 1900, the members payed a visit to Dr. Finlay in his home, 110 Aguacate Street in old Havana. He received them most cordially and, to their astonishment and delight, unveiled before them a multitude of observations and facts accumulated during years of work. In a white porcelain soap dish Finlay gave them mosquito eggs; he admonished them as to the dangerous escape of an infected mosquito. Lazear was the natural heir to this work and he undertook it

enthusiastically. To avoid outside criticism the Board members agreed to use themselves, as well as others, as subjects for their experimentation. On the day following their visit to Finlay, Reed returned to Washington where he was to spend over two months writing a report on typhoid fever in the Army of occupation. Assisted by Hospital Steward, John Neate, Lazear hatched the mosquito eggs and with all due precautions travelled by doherty-wagon to Hospital Las Animas to have the insects bite patients with confirmed yellow fever. In the first ten days of their work inoculation attempts were made, without results, on a total of nine non-immune subjects (including Lazear) and early discouragement and incredulity settled among the experimenters. Whether or not they had bitten on yellow fever patients, however, mosquitoes had to be kept alive by letting them suck human blood.

On August 27, 1900, after lunch, Lazear remarked that one of his mosquitoes appeared weak. Dr. Carroll, in a spirit of jest, allowed himself to be bitten by this mosquito which had filled on a patient twelve days earlier: within six days he presented jaundice and albuminuria.

Lazear and I were almost panic-stricken—wrote Agramonte later—Lazear, poor fellow, in his desire to exculpate himself . . . repeatedly mentioned that he himself had been bitten two weeks before . . .

Nevertheless, a sense of exultation took hold of them. Lazear observed and recorded the crucial timing of the mosquito bite of the yellow fever patient within the early days of the disease; the earlier inoculations had all been done with mosquitoes that had bitten patients in their fifth or sixth day of the disease. Obviously, he also became interested in repeated infection of the same mosquito by different patients. On the same day that Carroll came down, Lazear and Agramonte, with some hesitation, had the same mosquito bite Private William H. Dean, of the Seventh Cavalry, an impromptu volunteer. Within six days he also had yellow fever.

I rather think I am on the track of the real germ—Lazear wrote to his wife on September 8th—but nothing must be said as yet, not even a hint. I have not mentioned it to a soul.

Lazear continued to maintain his colony of infected mosquitoes and to make careful notations in his laboratory log-book. On September 13 he attempted to produce a case of experimental yellow fever in a guinea pig; he had the animal bitten by a mosquito which had filled on four patients with the disease in the early part of the month. On that same day, September 13, Lazear submitted to the bite of a mosquito infected ten days earlier. On September 25, 1900 he died a martyr to his own devotion. No one will ever know what motivated this delicately sensitive thirty-four year old scientist. At first he told a story of accidental bite while at Las Animas Hospital for he did not want his young wife to learn that he had purposely endangered his life. Although he expected to recover, he repeated to Agramonte his plea for her protection from the truth. He had planned to take his two weeks leave in October to join his mother and his

wife Mabel in Beverly, Massachusetts; he longed for his adored son Houston and his one-month old Peggy*, whom he was never to see. His unselfish act which made it no longer possible to ignore the evidence, precipitated attention to the problem and accelerated its solution. Besides the cases of Carroll, Dean and Lazear, there had been only one other case of yellow fever among the 1,400 non-immunes at the barracks.

Just returning to Washington from a vacation in the mountains of Pennsylvania, Reed wrote to Carroll (September 24, 1900):

Concerning the mosquito propagation of the parasite, I am intensely interested but I cannot say that any of your cases, except perhaps Dean's prove anything.

On the next day Reed wrote a confidential letter to Major J. R. Kean, the Chief Surgeon, Department of Western Cuba, at Los Quemados:

I have been so ashamed of myself for being here . . . while my associates have been coming down with yellow jack . . . Perhaps I owe my life to my departure from Cuba, for I had agreed to be bitten along with the others . . . The General has suggested that I do not return but somehow I feel that . . . my place is in Cuba . . . I shall take every precaution . . . I certainly shall not . . . allow a 'loaded' mosquito to bite me. Just how far Carroll's and Lazear's cases go to support that supposition I don't know, but I hope to find out . . . I have engaged passage on the *Crook* which sails next Friday 28th . . . I shall expect to take up my old quarters . . . provided you think that there is no probability of that being an infected area . . . If so, I would ask you to engage me a couple of rooms somewhere . . .

Major Reed arrived in Havana on October 4 and the remaining members of the Board decided on the direction to follow. In Lazear's army blouse Lieutenant Truby found a small notebook which, he kept and delivered to Reed. The notebook contained revealing details of Lazear's observations and in particular of the timing of the mosquito bite of the yellow fever patient, and of the need for an interval of several days before his bite became infective to the nonimmune. In the notebook Reed found the evidence of Lazear's self inoculation.† In Washington, Mrs. Reed was understandably worried about her husband getting yellow fever. He wrote reassuringly:

. . . there is no need for you . . . to continue to worry about me. When I want anything done in Havana, Dr. Carroll goes in for me . . . Dr. Lazear contracted the disease . . . by letting a mosquito bite him . . . deliberately let it get its fill of blood in order to test our theory.

*Mrs. Walter D. Briggs, of Berkeley, California.

†Lazear's notebook presumably in Reed's office at the time of Reed's death, has never been recovered.

Among Lazear's papers and books, Reed also found several items borrowed from Finlay. On October 7 Reed sent Finlay a courteous hand written note:

I am sorry that neither Dr. Carroll nor myself can call at your residence this afternoon, as agreed by Dr. C. and yourself, on his visit of yesterday. I shall hope to pay my respects very soon. In the meanwhile I have taken the liberty of sending my driver for the copy of the *British Medical Journal* containing Durham and Myer's note and for any other articles or publications of yours concerning the mosquito and yellow fever . . .

The observers from Liverpool, who had spoken with Finlay, Carter and members of the Army Board in July of 1900, wrote the following September:

This curious and somewhat prolonged interval is suggestive of a development of the infective factor in or about some agent . . . The suggestion propounded by Dr. C. Finlay, of Havana, some twenty years ago, that the disease was spread by means of mosquitos hardly appears so fanciful in the light of recent discoveries . . .

These preliminary notes of the British scientists seem to have spurred Reed to action. Habitually slow (as noted by General Truby) Reed now became a whirlwind of activity. Drawing almost exclusively from the details in Lazear's notebook, he hurriedly wrote a draft of a paper entitled *The Etiology of Yellow Fever. A Preliminary Note*. On October 23, 1900 in Indianapolis he presented the paper at the meeting of the American Public Health Association; it was his first paper on the subject of yellow fever. Sternberg arranged for the paper to be published, five days later in the *Philadelphia Medical Journal*. Reed gave details of the Board's work and their negative conclusions with reference to the *bacillus icteroides*. He then related the cases of Carroll, Dean and Lazear and, without excuses or euphemisms concluded, authoritatively, that the mosquito "serves as the intermediate host for the parasite of yellow fever." This important declaration was made only four weeks after the death of Lazear. Of the man who had waited nineteen years to see his work accepted by others, Major Reed said:

We have no space to refer, at length, to various interesting and valuable contributions made by Finlay to the mosquito theory for the propagation of yellow fever . . . we here desire to express our sincere thanks to Dr. Finlay, who accorded us a most courteous interview and has gladly placed at our disposal his several publications relating to yellow fever during the past nineteen years; and also for ova of the variety of mosquito with which he had made his several inoculations.

Based on Carter's observations, Reed concluded that a long period of 'external incubation' was indispensable. On this theoretical basis, and without any attempt to ex-

perimental verification, he rejected, rather unfairly, the evidence of Finlay's previous inoculations. Finlay had recorded observations to this effect and observed the fact (later confirmed by Gorgas and others) that the warm weather could shorten the required interval (Davis). A more crucial point was the fact observed by Lazear that the mosquitoes had to be contaminated in the earliest days of the disease. Unacquainted perhaps with the long and varied efforts of the Cuban scientist, Reed failed to credit Finlay with having studied and identified the species of the guilty mosquito, with his numerous inoculations and observations and his persistent efforts to call attention to it. Much capital was made that he had 'failed to convince' but it was certainly not because of his lack of persistence or patience. Although he was aware of the importance of his associate's work, Reed was in no mood to dilute the attention which he wanted for his Board.

Reed had to admit that the cases of Carroll and Lazear were not conclusive for the subjects came frequently in contact with yellow fever patients and could have acquired the disease by other means; he capitalized on the confinement of Dean to the Barracks. But his critics were quick to point out that this one case was far from proof. Having proclaimed his conviction, Reed found, as Finlay had, that *his* evidence was not necessarily convincing to others: the unbeliever may prove to be as fervent as the faithful.

Surgeon of the Marine Health Service, Eugene Wasdin, disputed both conclusions:

. . . it is scarcely necessary to call attention to the fact that the . . . absolute failure of these observers to isolate *bacillus icteroides* from the living blood . . . simply proves the inutility of the method employed by them . . . As an offset to this failure they introduce some observations made at the suggestion of Dr. Carlos Finlay . . . My principal reason for not accepting his theory . . . being the fact that I had never known a case of yellow fever thus contracted . . . Nothing has been proved, neither that there is anything new in the blood of yellow fever patients nor that these cases were not the result of natural infection . . .

As the acceptance of the role of the mosquito was nearing a dramatic climax, the *Washington Post*, in its issue of November 2, 1900, wrote these lines, obviously reflecting "inside" knowledge:

Of all the silly and nonsensical rigmarole about yellow fever that has yet found its way into print . . . the silliest beyond compare is to be found in the mosquito hypothesis.

Nothing short of a controlled experiment could appease the opposition and bring acquiescence. General Leonard Wood, Military Governor of Cuba, apprised of the Commission's wishes, gave his authority for a controlled human experiment and for the necessary funds. The site for the experiment was chosen and appropriately named Camp Lazear; it was near the finca San José in Quemados, where young Jesuits had been inoculated by Finlay. Meanwhile,



Painting by Robert A. Thom showing the interior of building number two with Private Kissinger in bed. From left are Drs. Gorgas, Agramonte, Finlay, Carroll and Reed.

Agramonte, who had learned from Lazear the handling of mosquitoes, undertook the careful hatching and preparation of mosquitoes for the eventual inoculations; when Carroll returned from his convalescence leave he joined him in these preparations. Reed proceeded to plan the strategy of the crucial test that so clearly demonstrated the role of the mosquito.

Seven army tents were erected and two frame structures fourteen by twenty feet were built eighty yards apart. Building number one was purposely built with inadequate ventilation, but carefully screened for mosquitoes; it was provided with an oil stove to maintain heat and humidity and furnished with infected bedding; garments soiled with vomit, urine and feces of yellow fever patients were brought in. Building number two was well ventilated and divided by a metal screen, providing also two separate entrances.

On November 20th Privates R. P. Cooke, L. E. Folk, and W. G. Jernegan entered the infected clothes house. Meanwhile Private J. R. Kissinger, bitten by infected mosquitoes, was

placed on one side of the screen of the clean house and Clerk J. J. Moran, not exposed to mosquitoes, on the other side. Kissinger and Moran had volunteered for the experiment but insisted on not accepting the bonus offered. By December 8th, Kissinger had come down with yellow fever and his case was certified as typical by a panel of experts including Finlay, Gorgas, Guiteras, and Albertini. Everyone else was healthy, and those in the dirty clothes house had managed to gain weight. On that day Agramonte inoculated three non-acclimated Spanish volunteers, A. Benigno, B. Precedo and N. Fernandez. And, like clock-work, they came down with yellow fever after five days, making their own unheralded contribution to the disappearance of vomito negro. Moran, who was rather eager to be inoculated, had the fever as a Christmas gift. Other experiments established the transmissibility of the disease by injecting the blood of the patient into a volunteer and that the mosquito was not a contributing host. The work of the Army Board established the important fact that whatever the transmissible agent was,

it was filterable through bacteria-proof filters. The brilliantly conceived controlled experiment closed the cycle of Finlay's discovery.*

The feelings were festive in Havana and General Wood, a physician himself, wished that a banquet be organized in honor of Dr. Finlay. He asked Professor Francisco Domínguez-Roldán, Dean of the Faculty of Medicine, to make the arrangements for a sumptuous dinner at the Delmonico restaurant, to be presided over by General Wood at one end of the table and Dr. Domínguez at the other. It took place on December 22, 1900. The menu included Pargo Richelieu, Filet Perigord and a Grand Romain Punch for a toast to Finlay. Present were Reed, Carroll, Agramonte, Gorgas, Guiteras, Albertini and over sixty other American and Cuban physicians anxious to render homage to the genial and patient scientist. General Wood's words were remarkably just, transcendent and revealing:

The confirmation of Dr. Finlay's doctrine is the greatest step forward made by the medical sciences since Jenner's discovery of the vaccination. This accomplishment alone justifies the war against Spain.

Then, the main figures present rose to eulogize Dr. Finlay:

Dr. Finlay's theory—said Major Reed—was beautifully fortuitous: we have proven that all its essential outlines were miraculously accurate . . . Yellow fever has at last been rationalized—added Gorgas—due to Finlay's scientific clairvoyance.

Dr. Juan Guiteras, a Cuban who had become Professor of Pathology at the University of Pennsylvania, spoke of the magnitude of the tribute in which scientific organizations were represented as well as the world press. Finally, it was the turn of Dr. Domínguez to present to Finlay in the name of his friends and admirers a bronze statuette by Barbedienne entitled *The Thought*. The man who had long awaited to see his work accepted by the incredulous, without ever showing signs of offense or bitterness, rose to accept the tribute. In his low hesitant voice he gave credit to his faithful and efficient collaborator, Dr. Delgado, and to the American scientist who had revealed, as a sparkling diamond for all to admire, the rough stone he had discovered. Then, visibly moved by emotion, he added simply: "Thank you my friends."

Walter Reed spent the last night of the century in Havana, reading a borrowed copy of La Roche's *Yellow Fever*, a book printed in Philadelphia forty-five years earlier, the year of Finlay's graduation from Jefferson. An ambitious, dynamic man, with a strangely commanding personality, Dr. Reed died prematurely less than two years after the dramatic tests of Camp Lazear. Although he had done no other work in yellow fever, the important results of his brief work as Chairman of the U. S. Army Board have linked his name permanently with the disease. Others have been forgotten,

*Subsequent extensive experiments directed by Guiteras were to claim the life of Miss Clara Louise Maas, a twenty-six year old U.S. Army nurse.

but his memory is perpetuated in the outstanding U. S. Army Medical Center in Washington, D. C.

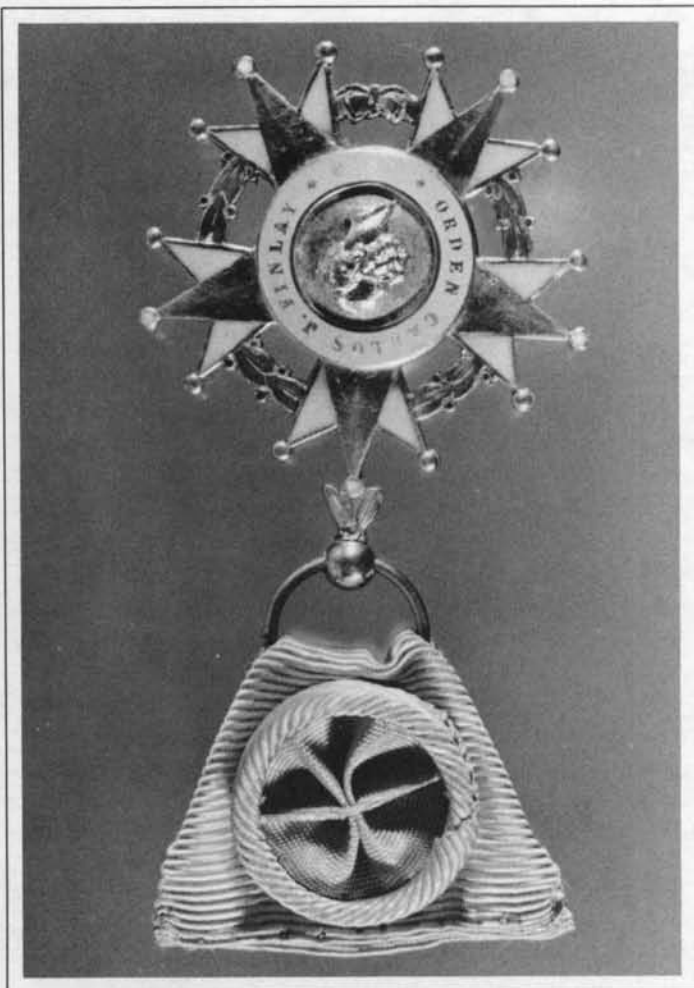
In February 1901, General Wood gave the necessary order of credits and authorized Gorgas to proceed with culicidal measures. Gorgas' carefully chosen "Stegomyia" brigades went through the city of Havana, as modern crusaders, house by house, courteous but firm, inspecting roof gutters, destroying all possible water deposits where the mosquitoes could lay their eggs, providing covers for cisterns in homes and public places, and pouring petroleum on stagnant waters and ditches and fining the contraveners. On September 28, 1901, six months later, the last case of yellow fever was recorded in the city of Havana. Major Gorgas wrote in his report:

I know of no such prompt and brilliant establishment of a theory by other scientists, nor of any such prompt and successful application of a theory by those having executive power.

That the Military Governor of Cuba, General Leonard Wood, was a physician with an understanding of the issues was a fortunate, though fortuitous, deciding factor.

Gorgas' success in Havana came as a much needed balm to the office of the Surgeon General. Sternberg had suffered the harsh political consequences of the disorganization of the

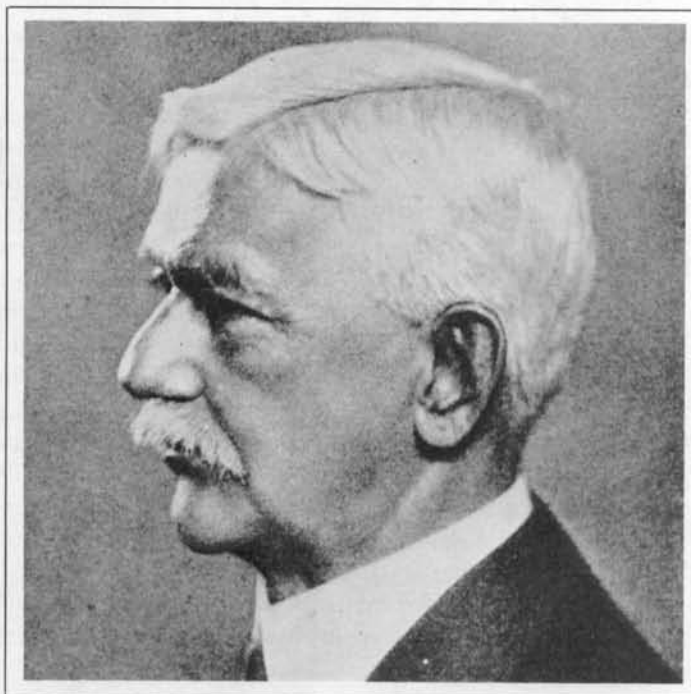
The Gran Canciller, Order of Merit of Carlos Finlay.



At the height of the 1793 yellow fever epidemic, the following anonymous letter was published on the first page of the Dunlap's American Daily Advertiser of Philadelphia (August 29, 1793):

"As the late rains will produce a great increase of mosquitoes in the city, distressing to the sick, and troublesome to those who are well . . . it will be agreeable to the citizens that the increase of those poisonous insects may be diminished by a simple and cheap mode. . . . Whoever will take the trouble to examine their rain-water tubs, will find millions of mosquitoes . . . not quite prepared to emerge and fly off: Take a wine glass full of the water . . . pour half a teaspoon full . . . of any common oil, which will quickly diffuse over the surface, and by excluding the air, will destroy the whole brood. . . . A gill of oil poured into a common rain water cask will be sufficient . . . large cisterns may require more, and where the water is drawn out by pump . . . the oil will remain undisturbed and last for a considerable time".

A. B.



Dr. William C. Gorgas, U. S. Army physician and world sanitarian. Gorgas always insisted on recognizing Finlay's genius and work.

Army Medical Services, overshadowing the good work that he had done in the organization of the Army Medical School. Major Reed, who had doubted the cooperation of Cuban physicians in the task of sanitation, wrote:

Thank God that the Medical Department of the U. S. Army, which got such a 'black eye' during the war, has during the past year accomplished work that will always (sic) remain to its eternal credit.

The medical historian must ponder the case of Dr. George M. Sternberg, a man of unquestionably unselfish devotion who "carried his brilliant attainments with a kind of remote severity, quietly authoritative and disdainful of contradiction" (Leech). His long interest and work in the cause of yellow fever brought him repeatedly close to the key, but his mind lacked the intellectual agility that could have made him one of the most important protagonists of the final solution. Sternberg wrote a subsequent article in which he stated that Finlay had been the first to suggest the transmission by the mosquito but that he had failed to convince the medical profession.

Having for years given much thought to this subject—he explained—I suggested to Dr. Reed that he should give special attention to the probability of transmission by some insect.

In none of his own papers nor in those of his subaltern and appointee nor in the biography written by his own wife, is there any substantiation of this pathetic claim. Sternberg retired from the Army, served on various important committees and died in Washington, in 1915, at the age of seventy-seven.

Carroll, the immigrant Englishman who rose from a

Canadian backwoodsman and enlisted soldier to Professor of Bacteriology in the Army Medical School, wrote numerous articles on yellow fever in which he not only omitted mention of Finlay's pioneer work but deliberately endeavored to discredit him: he brought upon himself Agramonte's and Gorgas' public censure before he died in 1907. Dr. Agramonte, son of Eduardo and heir to a legendary name, resigned his Commission in the U. S. Army and became Professor of Bacteriology of the University of Havana. His students considered him an exacting but unimaginative professor who made a fetish of punctuality. In 1931, he was appointed head of the Department of Tropical Medicine of the Louisiana State University; he died in New Orleans that same year. Doctors H. E. Durham and W. Myers, the Liverpool scientists, were in Pará, Brazil, pursuing their investigations, which included the study of mosquitoes, when they both contracted yellow fever: Dr. Myers died; Dr. Durham survived and had a long fruitful career until his death in 1945.

There seems to be no doubt that Agramonte, among the three remaining members of the U. S. Army Board, was the least jealous of the credit that was due to Finlay and to Lazear. At a banquet in honor of Majors W. C. Gorgas and J. R. King, held in Havana in January 1902, he expressed his public recognition of Finlay in the presence of most of the contemporary protagonists of this epic:

Thanks to the firmly rooted conviction of a good and modest man; thanks to his unswerving purpose in proclaiming and defending what he knew was right, to his wonderful power of observation and his ability for logical deduction, we have found the

ounce of prevention so necessary in this dreadful disease . . . I need hardly call the name of this venerable man . . . it is deeply graven in the heart of all lovers of mankind; he sits amongst us tonight, no doubt shocked in his modesty at my thus speaking, yet I must pronounce his name with due reverence, Dr. Carlos Finlay . . . His inspiration was laughed at, his theory was mistaken for the fanciful illusion of a tropical imagination by the very ones who today cannot do sufficiently to exalt him: but that has been the way with all great men in all times.

Reed reproached Gorgas for the credit publicly given by him to Dr. Finlay and suggested that this might make an unfavorable impression. Forthrightly Gorgas replied (February 1902):

I do not 'honeyfuggle' the old (Finlay) a bit. I think he is an old trump, as modest as he is kindly and true. His reasoning for selecting the stegomyia as the bearer of yellow fever is the best piece of logical reasoning that can be found in Medicine anywhere . . . His theory would have remained an idle dream except for your work—and he added, prophetically—your name will be remembered in Medicine long after the old doctor has been forgotten.

William Gorgas, the gentleman from Alabama, went on to fight against yellow fever, as well as against official inertia, and to win his own right to glory by making possible the American completion of the Panama Canal. He became Surgeon General of the U. S. Army with the rank of Major General. Subsequently, he worked with the Rockefeller

Foundation towards the solution of the remaining problem of jungle yellow fever. Dispassionate, dedicated and affable, General Gorgas became the world's consultant on problems of sanitation; he died in London in 1920. His name is appropriately memorialized in the Gorgas Memorial Institute in Panama.

Finlay became the first Director of Health of the Republic of Cuba as it came into being, May 20, 1902. He received an honorary degree from Jefferson Medical College and the Mary Kinsley Medal of the Liverpool School of Tropical Medicine. He was nominated for the Nobel Prize by Dr. Ronald Ross in 1905, by Dr. John W. Ross, U.S.N. in 1907, and by the Academy of Medicine of Havana in 1912; the numerous, contemporary claims probably kept the Nordic academicians from rendering justice to him. At any rate, man has always had a penchant for worshiping the sunrise rather than the sunset. After seven years service to the young republic, Finlay retired; he died in Havana in 1915. His marble statue was erected in front of the Ministry of Health of Cuba; it is surrounded by the bronze busts of Lazear, Gorgas, Delgado and Guiteras. The Instituto Finlay of Havana was dedicated in 1927 to research in tropical medicine and preventive medicine. The order of merit of Carlos Finlay was created by the Cuban government to recognize personalities in the field of health. The Colegio Médico of Cuba declared December 3rd, Finlay's birthday, the Day of the Physician; for years the occasion was chosen by patients and friends to extend thanks and respects to the practitioners of medicine. The Academy of Medicine of Paris celebrated the centenary of his birth and the city of Paris gave his name to one of its streets in 1934. Jefferson Medical College celebrated the centenary of his graduation in 1955.

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The Academy of Music at the 10:30 A.M. Commencement Exercises.

The Academy at the 9:30 A.M. rehearsal.



Commencement 1971

The one hundred forty-seventh commencement of Jefferson Medical College of Thomas Jefferson University was held on June 11. After Joseph J. Rupp, M.D. '42, choice of the senior class, administered the Hippocratic Oath, the one hundred eighty-four new physicians came forward to receive their diplomas and congratulations from President Peter A. Herbut and Dean William F. Kellow. Among them were six of the students interviewed by the *Alumni Bulletin* in the fall of 1967. Some of their thoughts about their education and new profession appear on the following pages. Dean Robert C. Baldrige also presided at the conferring of eight doctor of philosophy degrees and one master of science degree to members of the College of Graduate Studies.

Following the awarding of degrees in course, four honorary degrees were given. Revelle W. Brown, Emeritus Trustee, received Doctor of Humane Letters; George J. Willauer, M.D. '23, Honorary Clinical Professor of Surgery, was awarded the degree of Doctor of Laws. The degree of Doctor of Science was conferred upon Arthur Osol, President of the Philadelphia College of Pharmacy and Science, and George W. Corner, Editor and Executive Officer of the American Philosophical Society.

The Honorable Milton J. Shapp, Governor of Pennsylvania, gave the commencement address, stressing the urgent need for a reformed health care program based on cooperation between the medical profession and government. His remarks follow.

governor's address

It is apparent to everyone by now that my Administration intends to do something about the delivery and cost of health care in Pennsylvania. It is equally obvious that we need major reform on the national level. Thus far, however, the discussion has been primarily in terms of institutions.

Time Magazine this week refers to health as "the second largest industry in the United States." On one hand, public attention is focused on rate increases for Blue Cross and other medical insurers. On the other hand, there is considerable debate about hospitals, clinics, health centers and equipment.

Today, I want to talk about *you*, the people in medicine, because it is clear that no reform will be enacted and no progress made without the cooperation and initiative of our medical professionals. Regulations don't change things. People do. Institutions do not reform by themselves. Men must reshape them and update them in accordance with the needs of the times. Our great need today—in every field of human endeavor—is for men and women dedicated to bringing about constructive change, even, if necessary, at the expense of their own private gain.

Today, you have come to the end of a long road, the period of preparation. But today is really a beginning, not an end. What will you do with your tremendous store of knowledge? I hope you will exercise your almost limitless capacity to make life better for humanity.

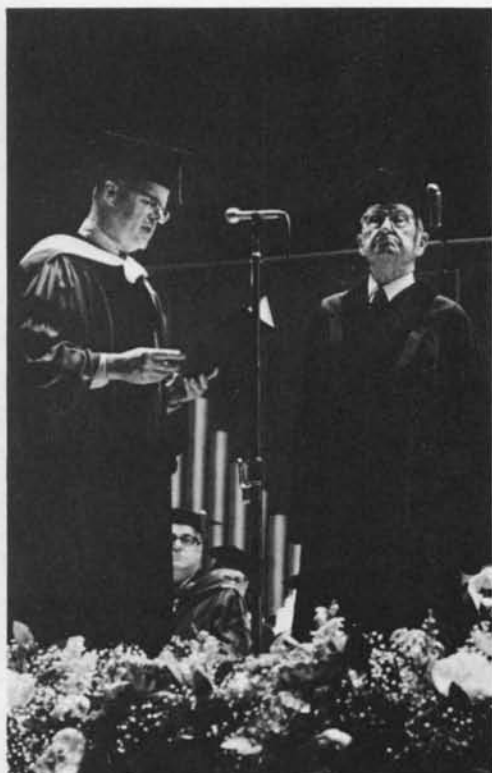
It has been fashionable to characterize our nation's medical professionals as extremely conservative members of a private club. I don't believe that is a true

image today if, indeed, it ever was. The time has come for you in the medical profession and we in government to work together in a common cause to shape an effective health care delivery system in this nation.

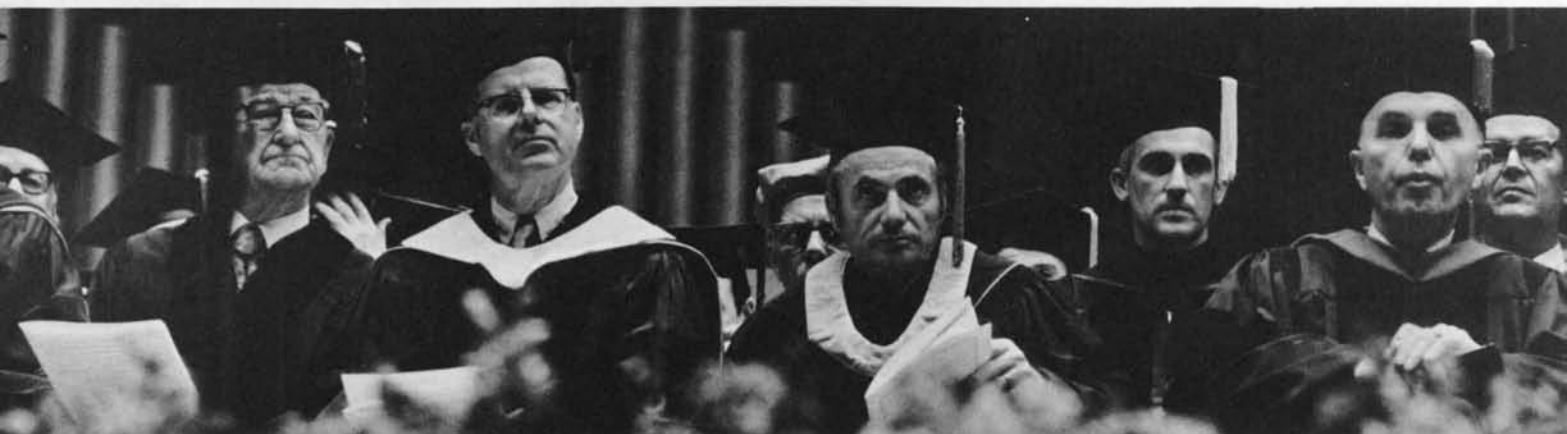
We in government certainly cannot do it alone, and, for that matter, even begin to do the job. We need your knowledge, your manpower, your good will and your cooperation. But you cannot do it alone either. The cost is too great. The risks are too high. And the obstacles clearly call for legislative and executive action.

When you leave here today, think about one thing: ask yourselves "how can I apply my professional knowledge to help more people by reforming the system of delivering health care?" The cost of medical care is a vital aspect of this reform. But it is not the only aspect. Equally difficult questions must be asked and solutions found.

How, for example, can we combine the services of the physician, the nurse, the technician and the consumer in such manner as to deliver the best possible health care at the lowest cost? What is the true potential of community health centers and how can they be most effectively established and staffed? What can be done to bring medical care to the thousands living in rural America as well as into the poor neighborhoods of our cities which have never seen a doctor? How can we more effectively bring the results of research into the living rooms of America through the service of local professionals? You know, as well as I, that one of the chief gaps in medicine today is the gap between research and practice. And you know, too,



Left: William W. Bodine, Chairman of the Board, reads citation conferring the degree of Doctor of Humane Letters on Revelle W. Brown, Emeritus Trustee. Right: Dr. George J. Willauer '23, retiring Alumni Trustee, receives degree of Doctor of Laws. Dr. Andrew J. Ramsay presents citation.



From left on stage Mr. Brown, Mr. Bodine, Governor Milton J. Shapp, Dr. Thomas D. Malewitz, President Peter A. Herbut and Dr. John H. Killough.

Left: Dr. George W. Corner, Executive Officer of the American Philosophical Society, receives Doctor of Science degree from Dr. Herbut.

Dr. Roy G. Holly is at left. Right: Frederic L. Ballard, trustee, and Dr. Ramsay assist with the conferring of Doctor of Science degree on Arthur Olso, President of the Philadelphia College of Pharmacy and Science.



that government has been effective in bridging that gap in the past but can do much more in the future.

Should we, in government, urge the establishment of County Health Departments as the most feasible level for delivery of equal and efficient health care? Most important, when will proper emphasis be given to prevention in a society which has, for too long, concentrated solely on cure? The saying that an ounce of prevention is worth a pound of cure is ages old, but it has not been practiced in our system of health care in this country. In short, where do you fit in as the great health care debate engulfs the nation? You are at the core of it.

As is, you can of course take the traditional path and pursue your research or find your niche in the traditional system. You can, if you wish, open your practice in an affluent neighborhood and let the rest of the world go by. There is nothing wrong with these approaches. But there is something missing. America desperately needs today a sense of social commitment which will begin to guarantee the riches of our society to every man, woman and child in our nation.

I urge you to take up the cause of a better society. Merge it with your professional ability and nothing then will stand in the way of great progress for all our people. The issue is not just the hospitals and the equipment. The issue is not just the insurance rates.

First and foremost, the issue is you and what you decide to do with the great skills you have acquired. No group of people deserves greater commendation on Commencement Day because no group of people has ever worked harder than today's medical professional.

I want to offer you my congratulations and best wishes for the future, no matter what you choose to do with your own life. But, at the same time, no matter where you are, be it in the laboratory, the operating room or the neighborhood office, remember that there is a society out there which desperately needs you and the skills you have been so fortunate to acquire.

I urge that you find the time, the thought and interest to get down into that society and make it a better place to live. That's why I got into politics. And that's why I hope you will join in a partnership to bring our society a modern health care delivery system. Nothing is more rewarding than public service. And nothing commands greater sacrifice. To take a profession with such potential as medicine . . . and to merge it with a social conscience . . . surely will afford you unlimited rewards in human terms.

Get involved. Help us in government. Together, there is no limit to what we can do if we but apply our vision, our tools and our resources to solving the great problems of our times. In short, do your thing.



Families and friends leave Academy following Commencement Exercises for luncheon at Jefferson Hall.



Thomas R. Borthwick, M.D.

Cum laude
Alpha Omega Alpha
Erf Prize, Lange Publication Prize (1968,
1971
Internal medicine

... *Jefferson*: I have been very happy here. You get a good, basic medical education at the end of which you can go on to do research or go into general practice if you want to. I think you can get just about whatever you want here. Basically the faculty is good, especially the clinicians who are extremely interested in helping you and will let you use their patients to help you learn ... *curriculum*: The school has really improved the curriculum since we have been here. First year students are getting pathology now and second year students are getting clinical introduction. Possibly during the clinical years there should be more elective time. During the four years that I have been here, the school has come up about two or three hundred percent in my estimation ... *internal medicine*: I want to become vitally involved with helping people; this is my major career motivation. You help people who are sick by having a practice or teaching. People are helped by research but I am not interested in doing the research.

... For a black student to come to a white school and be the only black student is a constant struggle beyond academics. The only way that Jefferson should accept black students is to accept enough so that they can interact with each other. When black students talk to teachers, teachers don't know what they are talking about. People say "Look, the black students are not doing as well as the whites." But the presentation isn't geared to us. If a teacher expects a student to fail or have a more difficult time, it has an effect on the student. If you're led to think you need special help, you will. For me Jefferson has been a fighting situation for four years ... *specializing*: Family medicine for me is a necessity. The majority of black people who have graduated to date are in family practice—even though they are specializing—because people keep coming to them with general problems. So why should I embark on a career that is futile. I might as well deal with the problem.

Cora Christian, M.D.

Coordinator of the Don Program
Family Medicine



Dr. Christian (left)



Todd B. Orvald, M.D.

Orthopedics

... *curriculum*: I think it is better that students are getting into clinical work sooner. Two years of never stepping inside a hospital or seeing a patient is a very non-human approach. When you finally get into medicine, you have to relearn the basic sciences in a clinical setting. Why not correlate the two? ... *blocks*: So much depends on where you are sent. You might spend six weeks at one hospital and not get much out of it. At another hospital where there are good residents on your rotation, you might absorb ten times as much. A great deal of your evaluation of the teaching staff is based on the residents, whether they respect you and demand a lot of you ... *orthopedics*: You can definitely do something in orthopedics. You can correct things.



Carolyn Crawford, M.D.

Alpha Omega Alpha

Gynecology Prize, Moore Prize, Upjohn Achievement Award

Married to Ralph Crawford, M.D. '65

Pediatrics

... *Jefferson*: There are very few nationally known figures associated with Jeff. I miss that. You can't quite put your finger on it, but it's almost as if Jeff doesn't want to be one of the top notch schools. Still I feel I have gotten a good education, which is due in many respects to the influence of a few teachers, a few outstanding ones. I have been impressed by the way they treat patients and by the encouragement they have given me ... *women in medicine*: I think the conflict has been solved. I have been treated very well, not been looked down upon or been given special privileges. You can't expect to compete with men on the one hand and expect special privileges on the other ... *children*: You don't really know whether it will have adverse effects or not. You just hope they'll turn out all right. Many, many mornings I've had a crying child tugging at my skirt as I went out the door. Sometimes it was all I could do to leave them ... *future*: My background is in teaching and research—I would like to continue this and also treat patients. The opportunity to do all this lies in academic medicine.



Dr. Carden (left)

Terrence S. Carden, Jr., M.D.

Alpha Omega Alpha
Lange Publication Prize (1969)
Editor of the Clinic, 1970, 1971
Radiology

... initial problems: My classmates had gone to school for so long that they were tired of it. I had been out of school for years and it was fun to be back. I obviously had trouble getting acclimated and I had a hard time making the transition. In the first days and months there were times when I really did question my decision but I am extremely glad I did it . . .

radiology: What I like about it is that problems are handled on an acute basis. You make a decision about a film and you put it down to go to the next. If you are wrong, there is always the film to go back to. You have a motivation to attain excellence. Part of what I am saying is that it is a diagnostic specialty which requires you to know a little about everything . . .

medicine: The only field where you can be your own man is medicine. You can be as good as you want to be; you are challenged. This was most appealing to me after years of experience with committee-ruled and bureaucratically-oriented organizations.

Virginia Brodhead Clemmer, M.D.

Cum laude
Alpha Omega Alpha
Phillips Prize, Lange Publication Prize (1971)
Married to Richard I. Clemmer, M.D. '71
Surgery

... curriculum: On the whole I have been very satisfied with Jefferson's curriculum as I have been with my whole experience here. We have been exposed to the whole gamut of medical specialties and were able to choose among them during elective time . . . The teaching of young medical people is the responsibility of people at all levels of the profession. Students should help their peers; for interns, residents and staff men, teaching should be both a duty and a pleasure. The tradition for an exchange of ideas and instruction at Jefferson is stronger in some clinical departments than others . . .

women in medicine: I have encountered no prejudice against women at Jefferson . . . The women in my family have always worked. If you are intelligent and intellectually curious, you train yourself to the extent necessary to pursue the work of your choice . . .

surgery: I don't want to be on the floor wondering what is happening to my patient in the operating room. I want to be there with him getting the job done . . . Personal integrity, an interest in people and scientific curiosity are to me the most important qualities a doctor should possess.

Dr. Clemmer and Dr. Clemmer



AWARDS and PRIZES

Awarded at Class Day Exercises on Thursday, June 10, 1971

The Christian R. and Mary F. Lindback Awards for Distinguished Teaching to JOHN J. DOWLING, B.S., M.D., Clinical Associate Professor of Orthopaedic Surgery and ARTHUR ALLEN, B.A., M.A., Ph.D., Associate Professor of Biochemistry.

The Charles LaBelle Prize for an outstanding candidate for the degree of Doctor of Philosophy. Award given by Mrs. LaBelle and family in memory of her husband Charles W. LaBelle, Ph.D., Assistant Professor of Preventive Medicine (Environmental Hygiene).

LEONARD MICHAEL GONASUN

The Albert Strickler Memorial Prize for the best essay on Cancer, to a Senior Student. Award given by Mrs. Albert Strickler.

DAVID WRIGHTSON JONES

With Honorable Mention of: AUGUSTIN JOSEPH SCHWARTZ, III

The Henry M. Phillips Prize for the graduate who is most worthy. Awarded upon the recommendation of the Professor of Medicine.

MICHAEL EDWARD STARRELS

With Honorable Mention of: ELIZABETH ANN LONDON

Practice Prize for the best essay on a subject pertaining to the Practice of Medicine. A Gold Medal, awarded by bequest of Dr. Francis W. Shain.

WILMA CHARLEAN LIGHT

With Honorable Mention of: DONALD ARTHUR BERGMAN

The Henry M. Phillips Prize for the graduate who is most worthy. Awarded upon the recommendation of the Professor of Surgery.

VIRGINIA BRODHEAD CLEMMER

Surgery Prize for the best essay on a subject pertaining to the Practice of Surgery. A Gold Medal, awarded by bequest of Dr. Francis W. Shain.

JEFFRY FREDRIC RUBIN and JAY NOGI

Clinical Surgery Prize for general excellence in Clinical Surgery. A Gold Medal, awarded in memory of Francis Torrens Stewart, Professor of Clinical Surgery, the Jefferson Medical College, 1910-1920.

JOHN CHARLES IACUZZO

Solomon Solis-Cohen Memorial Prize for the best essay in the field of Clinical Medicine by a member of the Senior Class. Award given by members of the family in memory of Professor of Clinical Medicine, Emeritus, S. Solis-Cohen.

FLOYD FABIEN SPECHLER

With Honorable Mention of: TERRENCE STEPHEN CARDEN, JR.

Gynecology Prize to a Senior Student for the best examination, thesis and general excellence in Gynecology. Award given by Mrs. Albert Strickler in memory of Professor of Obstetrics and Gynecology, Emeritus, Lewis C. Scheffey, M.D.

CAROLYN ANN CRAWFORD

With Honorable Mention of: JOHN ALEXANDER BELIS

Orthopaedic Surgery Prize for general excellence in Orthopaedic Surgery. Award given by Professor John J. Gartland, M.D.

JEFFRY FREDRIC RUBIN

With Honorable Mention of: JAY NOGI

Urology Prize for excellence in Urology during the Junior and Senior Years, including preparation of reports of in and out patients, examinations and final summary of work. Award given in memory of Dr. Theodore R. Fetter, The Nathan Lewis Hatfield Professor of Urology.

RONALD HISAO HIROKAWA

The Edward J. Moore Memorial Prize in Pediatrics to the Senior Student demonstrating the greatest aptitude in Pediatrics. Award given in memory of Edward J. Moore, M.D.

CAROLYN ANN CRAWFORD

With Honorable Mention of: WILLIAM HENRY TOPPER

The Henry Keller Mohler Memorial Prize to the Senior Student manifesting the greatest aptitude and interest in the general field of Therapeutics. Award given by Mr. Jesse Hubschman in memory of his wife, Natalie, to honor Henry Keller Mohler, M.D.

BRIAN DONNELLY

With Honorable Mention of: JACK MICHAEL GURALNIK

The Lowell Ashton Erf Prize to the Senior Student demonstrating seriousness of purpose, aptitude and ability in the field of Medicine. Award given by Mrs. Erf in memory of her husband, Lowell Ashton Erf, M.D.

THOMAS RICHARD BORTHWICK

With Honorable Mention of: JOHN LOUIS NOSHER

Psychiatry Prize to the Senior Student writing the best thesis on Psychiatry.

MYLES S. SCHNEIDER

With Honorable Mention of: RANDOLPH ALEXANDER READ

S. MacCuen Smith Memorial Prize to the member of the Senior Class judged most worthy of recognition for ability in the field of Otolaryngology. A Gold Medal given by Mrs. Stuart Lodge Bullivant in memory of her father.

STUART ALLEN SCHERR

With Honorable Mention of: RONALD HISAO HIROKAWA

The Carroll R. Mullen Memorial Prize in Ophthalmology to the Senior Student who has received the highest grade in Ophthalmology.

JOHN BENJAMIN FERGUSON, III

With Honorable Mention of: LIN-SEY NANCY WANG EDWARDS

Obstetrics and Gynecology Prize to a Senior Student for the best examination, thesis and general excellence in Obstetrics and Gynecology during the entire curriculum. Award given by Mrs. Sarah George Miller in honor of Professor of Obstetrics, Emeritus, John B. Montgomery, M.D.

ROBERT BRUCE WATERHOUSE

With Honorable Mention of: CAROLYN ANN CRAWFORD

The Leandro M. Tocantins Memorial Prize to the Senior Student manifesting the greatest aptitude and interest in the field of Hematology. Award given by Mr. and Mrs. Milton Hubschman.

MARGARET ALICE SHEPP

The Baldwin L. Keyes Prize in Psychiatry to the Senior Student considered most worthy by the Department of Psychiatry. Award given in honor of Professor of Psychiatry, Baldwin L. Keyes, M.D., Sc.D., Emeritus.

MYLES S. SCHNEIDER

William Potter Memorial Prize to that graduate attaining the highest general average in the final two years of the medical course. Award given from a bequest of Mrs. Adaline Potter Wear, offered to encourage excellence in the clinical branches of medicine.

THEODORE GEORGE PROBST

With Honorable Mention of: CAROLYN ANN CRAWFORD and AUGUSTIN JOSEPH SCHWARTZ, III

Alumni Prize for the highest cumulative academic record. A Medal awarded by the Alumni Association.

AUGUSTIN JOSEPH SCHWARTZ, III

With Honorable Mention of: THEODORE GEORGE PROBST

Louis B. Swisher, Jr. Memorial Prize to a Senior Student who has shown general excellence in the field of Anesthesiology. Awarded upon the recommendation of the Professor of Anesthesiology.

WILLIAM ROBERT HENRICK

The Lange Medical Publications Prizes to each of two outstanding Senior Students. A gift of four Lange Publications books.

THOMAS RICHARD BORTHWICK and VIRGINIA BRODHEAD CLEMMER

W. B. Saunders Company Prize to the student who has attained the highest scholastic average for the Senior Year. Medical Publications.

THEODORE GEORGE PROBST

With Honorable Mention of: STEPHEN RAY GRAY

The C. V. Mosby Company Prizes. Awarded to five outstanding graduates.

MARGARET ALICE SHEPP

J. STANLEY SMITH, JR.

JOSEPH JULIAN, JR.

BRIAN DONNELLY

HOWARD STEVEN ROBIN

The Richard W. Foster Prize to an outstanding student. Awarded for the purchase of books at the Rittenhouse Book Store.

JACK MICHAEL GURALNIK

With Honorable Mention of: JAMES EDWARD BARONE

Upjohn Achievement Award to be given to a Senior Medical Student who shows outstanding all-around achievement in Clinical proficiency.

CAROLYN ANN CRAWFORD

With Honorable Mention of: MARGARET ALICE SHEPP

faculty notes

administration

Dr. William A. Sodeman, Emeritus Dean and Emeritus Professor of Medicine, was named President-Elect of the American College of Physicians at the annual meeting in Denver last spring. Dr. Sodeman will be installed at the meetings next April in Atlantic City.

anatomy

Dr. Albert W. Sedar, Professor of Anatomy, attended the Association for Research in Vision and Ophthalmology meetings in April in Sarasota, Florida, where he presented a paper entitled "Electron Microscopic Demonstration of Retinal Glycogen with Silver Methenamine."

community health and preventive medicine

Dr. C. Earl Albrecht, Professor of Community Health and Preventive Medicine, attended the Second International Symposium on Circumpolar Health at Oulu, Finland in June. He gave the keynote address and presented a paper "Major Causes of Death in Circumpolar Nations and Potentials for Control."

Dr. Norman Williams, Professor of Community Health and Preventive Medicine, gave a paper at the annual meeting of the American Industrial Hygiene Association in Toronto, Canada, titled "Polymer Fume—An Elusive Diagnosis."

medicine

Dr. Allan J. Erslev, Director of the Cardeza Foundation and Cardeza Research Professor of Medicine, presented a paper at the annual meeting of the Association of American Physicians entitled "A Renal Lipid Inhibitor of Erythropoietin" which was co-authored by Dr. Louis A. Kazal and Mr. Orin P. Miller. In June he presented a paper on "Hematologic Disorders in Uremia" at a Uremia Symposium in Freiburg, Germany.

Dr. Louis A. Kazal, Associate Professor of Medicine and Associate Director of the Cardeza Foundation, Dr. Thomas Gabuzda, Associate Professor of Medicine, and Dr. Erslev participated in a meeting on Erythropoietin held at Jefferson Hall under the auspices of the Physiological Society of Philadelphia. Dr. Erslev's paper was entitled "Erythropoietin in the Control of Red Cell Production;" Dr. Kazal spoke on "Inactivation, Protection and Release of Erythropoietin;" Dr. Gabuzda discussed "Action of Erythropoietin on Bone Marrow Stem Cells."

obstetrics and gynecology

Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, presented a

paper on "Maternal Nutrition" at the mid-winter meeting of the American Association of Obstetricians and Gynecologists. He also attended the meeting of the American Gynecology Society in Phoenix, Arizona where he participated in a discussion of Dr. Fritz Beller's paper, "Biochemical and Pathomorphic Aspects Regarding the Physiology of Menstrual Blood and the Development of Clot Formation at Menstruation."

Dr. George A. Hahn, Professor of Obstetrics and Gynecology, has been elected a Director of the Southeastern Pennsylvania Chapter of the American Red Cross. In his capacity as President of the Philadelphia County Medical Society, Dr. Hahn testified at the Blue Cross Hearings before Insurance Commissioner Denenberg of the Commonwealth of Pennsylvania.

Dr. George J. Andros has been promoted to Professor of Obstetrics and Gynecology.

Dr. Alvin F. Goldfarb, Associate Professor of Obstetrics and Gynecology, spoke on "Experiences with Sex Education and Family Life Preparation in the Community" at the University of California School of Public Health at Berkeley and participated in a seminar on "Problems in Human Reproduction and their Management" at Loma Linda University. At a meeting of the Michigan Society of Obstetricians and Gynecologists, he presented a paper on "Environmental Factors in Menstrual Dysfunction."

Dr. John B. Franklin, Assistant Professor of Obstetrics and Gynecology, participated in a panel on "Childbirth Education to Improve Pregnancy Outcome" at a meeting of the American College of Obstetricians and Gynecologists in San Francisco in May.

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, presented "Is Diabetic Retinopathy Uncontrollable?" at the Reading Eye, Ear, Nose and Throat Society, Reading, Pa.

orthopedic surgery

Dr. James M. Hunter, Assistant Professor of Orthopedic Surgery, was Visiting Professor at the Department of Orthopedics at Duke University where he participated in conferences and lectured on the use of tendon protheses in hand reconstruction. He was also Guest Orthopedic Professor at Yeshiva University and presented a Day Surgical Clinic and lectured on "The Historical Development and Progress in Hand Surgery Using Tendon Implants." He recently returned from Europe where he attended an International Meeting on Surgery in Leprosy in Paris and was a guest lecturer at the Spring Meeting of the French Hand Society. He also participated in the International Symposium on Hand Surgery in Goteborg, Sweden, where he presented two papers: "Functional Advantages of Tendon Reconstruction Using a Ten-

don Prosthesis Prior to Tendon Grafting" and "The Results of Ten Years' Experience with Artificial Tendons."

pathology

Dr. Misao Takeda, Associate in Pathology, gave a talk on "Cytology of the Gastrointestinal Tract" at the meeting of the Greater New York Association of Cytotechnologists in April at the New York University School of Medicine.

pediatrics

Dr. Robert L. Brent, Professor of Pediatrics and Chairman of the Department, testified before Senator Ribicoff's Committee on Executive Reorganization and Government Research on April 7. The main theme of the presentation, "Chemicals and the Future of Man," was that in order to protect the public from the effects of drugs and chemicals that are being introduced into our environment, clinical monitoring programs that are computerized and have built-in early warning systems must be established.

Dr. Herbert C. Mansmann, Jr., Professor of Pediatrics, spoke to the New England Society of Allergy in Boston on "Some Reflections on the Prevention of Ventilatory Failure in Children with Asthma."

Dr. Gary G. Carpenter, Associate Professor of Pediatrics, spoke on "Genetic Counseling" at the 12th Annual Maternal and Child Health Institute sponsored by the Pennsylvania Medical Society and the Pennsylvania Department of Health.

Dr. Gerald Fendrick, Assistant Professor of Pediatrics, participated in the symposium on "Poisoning in Children" at the American Medical Association meeting in June. He spoke on "Salicylate Intoxication."

physiology

The Department of Physiology has developed a new device which will register and analyze the sound of a cough and thus will be the first reliable means of measuring the actual effects of medication on patients with lung disease. The voice print has been developed under the aegis of Dr. M. H. F. Friedman, Professor and Chairman of the Department.

Dr. Domenic A. DeBias, Professor of Physiology, presented a report on a research study on the "Effects of Chronic Exposure to Low Levels of Carbon Monoxide on the Cardiovascular System" at the 1971 Automotive Air Pollution Research Symposium in Chicago in May.

psychiatry

Dr. Zygmunt A. Piotrowski, Honorary Professor of Psychiatry, was recently given the Great Man Award for 1971 by the Society for Projective Techniques and Personality Assessment. In March he lectured on per-

ceptanalysis at Laval University, Quebec, where he is Distinguished Visiting Scholar.

Dr. Samuel A. Guttman, Professor of Psychiatry, has been re-elected Chairman of the Educational Committee of the Institute of the Philadelphia Association for Psychoanalysis. In May he conducted a weekend of seminars for the Educational Committee, Faculty and Candidates at the Cleveland Psychoanalytic Institute.

Dr. Marcus P. Rosenblum, Assistant Professor of Psychiatry, received a commemorative gold medallion and was designated a Life Fellow at the recent annual meeting of the American Psychiatric Association.

Dr. Edwin R. Smarr, Clinical Assistant Professor of Psychiatry, chaired a workshop entitled "... A New Definition of Adulthood?" at the American Society for Adolescent Psychiatry meeting in Washington in May. Dr. Smarr also has been serving as Chairman of the Mental Health Services Committee of the Pennsylvania Psychiatric Society for the past year.

radiation therapy

Dr. Simon Kramer, Professor of Radiation Therapy and Chairman of the Department, recently returned from California where he spent a week as a Visiting Professor at Stanford University and attended the Sixth Annual San Francisco Cancer Symposium. Dr. Kramer presented papers on the role of radiation therapy in the treatment of brain tumors and on "Methotrexate and Radiation Therapy in Advanced Cancer of the Head and Neck."

rehabilitation medicine

Dr. John F. Ditunno, Jr., Professor of Rehabilitation Medicine and Chairman of the Department, has been elected President of the Eastern Section of the American Congress of Rehabilitation Medicine and Vice-President of the Pennsylvania Academy of Physical Medicine and Rehabilitation. He also was elected to the Board of Governors of the Heart Association of Southeastern Pennsylvania.

Dr. William E. Staas, Assistant Professor of Rehabilitation Medicine, spoke to the Department of Physical Medicine and Rehabilitation at the Mayo Clinic on "Lower Extremity Amputations in the Hemophiliac Patient."

urology

Dr. Paul D. Zimskind, Nathan Lewis Hatfield Professor of Urology and Chairman of the Department, presented a paper on "Spinal Cord Transection and Ureteral Function" at a Scientific Meeting of the National Urological Forum which was held in the Virgin Islands in March.

Dr. Jules H. Bogaev, Clinical Professor of Urology, has been elected President of the Philadelphia Urological Society.

*Emergency
Proclamation
of*

June 28, 1971

by

Peter A. Herbut, M.D.

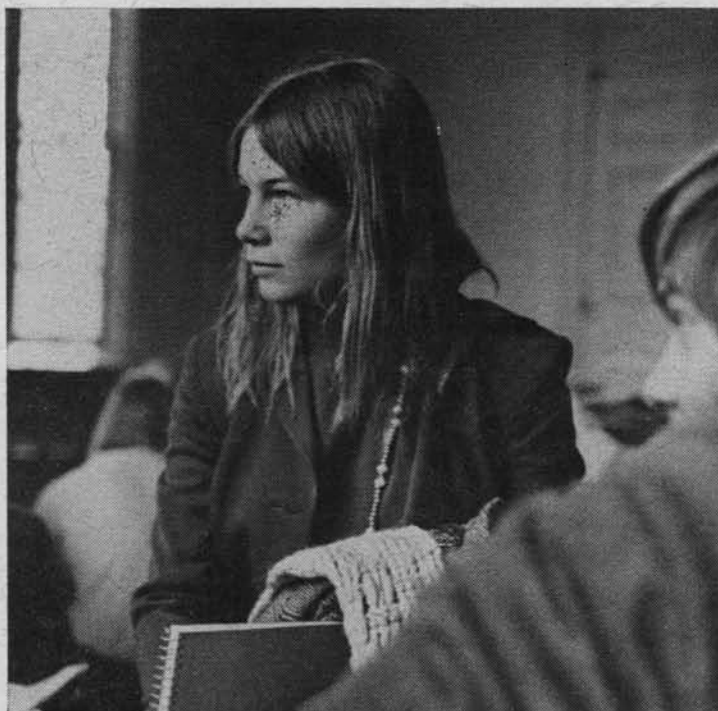
President

Thomas Jefferson University

follows

this

special report



Five years ago the idea would have been absurd. Today it is an urgently relevant question . . . one that is uppermost in the minds of campus officials. For institutions that depend upon public confidence and support for their financial welfare, their freedom, and their continued existence, it is perhaps the *ultimate* question:

Are Americans Losing Faith in their Colleges?

A SPECIAL REPORT

Dear President X:

I AM WRITING TO EXPLAIN my resignation from the Alumni Schools Committee and the regional committee of the Capital Campaign.

I can no longer make a meaningful contribution to these programs. To be effective, I must be totally committed. Unfortunately, as a result of changes at Z University over the past few years, I can no longer conscientiously recommend the university to students and parents. And I cannot with enthusiasm ask my fellow alumni to make financial contributions when I personally have decided to withhold my support.

Like many alumni and alumnae, I have been increasingly concerned over the manner in which the university has permitted the student body to take over the "running of the store." Even worse, our colleges and universities seem willing to have them take over the country. I am not anti-youth, but I do not believe that there is something magical about being 18 or 20 years old that gives students all the correct answers and an inherent right to impose their views about everything on the rest of us. The faculty has clearly demonstrated that it is unwilling or unable to exercise moral leadership and, indeed, has often guided the students into actions that are irresponsible at best and dangerous at worst.

The university, it seems, is easily intimidated by the students into supporting strikes, canceling classes, disregarding academic standards, and repressing individuals and groups who speak for the so-called "establishment." By failing to take a stand and to discipline those who violate campus rules, you have encouraged an atmosphere in which laws, traditions, and basic moral values are held in contempt by growing numbers of our young people.

I fear for the existence of Z University as a forum for the free discussion of ideas. A great chorus of anti-establishment rhetoric has issued from a vocal left-wing group on the campus, supported by ultra-liberals on the faculty. I am afraid the university has abandoned its role of educator, to become a champion of partisan politics. And this bodes ill for our democratic society.

All of this may sound like the rantings of a hard-hat conservative. But it is the measure of the situation on the campus that one who has always been rather liberal politically can sound like a reactionary when he takes issue with the radical students of today.

Sincerely,
Alumnus Y

Dear Alumnus Y:

I AM VERY SORRY to lose the services and support of an alumnus who has worked so hard and so successfully for Z University. I am equally sorry that you seem to have lost confidence in the university. An institution of higher education depends on its alumni and alumnae for understanding and support even in the quiet times. In troubled days like these, there is nowhere else to turn.

I won't try to persuade you to accept any assignment or even to continue your financial support. But I do feel compelled to comment on your loss of faith in the university.

Your concern obviously centers on such perplexing and basic questions as the rights and responsibilities of students and faculty, the problems of campus governance, and the danger of politicizing the university. We certainly share your concerns. It is tempting to long for the good old days when problems

were not so complex. But in fact these are serious problems to which there are no easy answers. We wrestle with them every day.

You are certainly right to be worried about the existence of this university (and all campuses) as a forum for the free discussion of ideas. There are many who would use the American college or university in a political struggle to advance their own political ideas. Even well-meaning students would do so, because they do not understand the dangers of such action. Those of us charged with the responsibility must fight with all our wit and strength to prevent that from happening.

I do not think we can win by using force or repression. Rather, we must continue to work with students to convince them that their efforts to politicize the university can destroy it, and this would be terribly costly to society as a whole. When and if the line must be drawn, then we will draw it and deal with the consequences. But we will do everything we can to avoid actions that will limit our options and bring about the violence and polarization that have crippled some great institutions.

It is clear to me that the colleges and universities in America are, to a very considerable degree, reflecting the problems and divisions of the larger society. That can be unpleasant and painful, but it is in some ways a proper and very useful role for a college or university to play.

Consider, if you will, society's other institutions. Can you think of any that are not in similar turmoil? The church, the public schools, the courts, the city halls, the political parties, the family—all of these institutions are also feeling the profound pressures of change, and all are struggling to adapt to problems and needs that no society has ever faced before. If we as citizens and members of these institutions respond simply by withdrawing from them or repudiating them, then I fear not only for the future of our institutions but for the future of our nation. Disraeli once said, "Individuals may form communities, but only institutions can make a nation."

THIS UNIVERSITY IS INDEED INVOLVED in the controversy which engulfs America and from which progress and constructive change will one day come. Our students and faculty are indeed concerned and vocal about the rights of their fellow citizens, about the war, about the environment, about the values of our society. If it were otherwise, our alumni and alumnae would certainly be justified in refusing to support us.

Very simply, Mr. Y, the current generation of young people will one day run this nation. They are here and cannot be traded in for a quieter, more polite, more docile group. Nor should anyone want to trade them in. This university cannot abandon them, or isolate them, or reject them. Our mission is to work with these young people, to sensitize them, humanize them, educate them, liberate them from their ignorances and prejudices. We owe that to the students, but even more to the country and to our alumni and alumnae. The course is uncharted, to be sure; it will be uncomfortable at times and somewhat hazardous in spots; but it is the only course a great university can follow.

I'm sorry you won't be on board.

Sincerely,
President X



THE LETTERS on the preceding two pages typify a problem of growing seriousness for U.S. colleges and universities: More and more Americans—alumni, parents, politicians, and the general public—are dissatisfied with the way things have been going on the nation's campuses.

"For the first time in history," says Roger A. Freeman, former special assistant to President Nixon, "it appears that the profound faith of the American people in their educational institutions has been shaken, and their belief in the wisdom of our educational leaders and in the soundness of their goals or practices has turned to doubt and even to outright disapproval."

The people's faith has been shaken by many things: campus violence, student protest, permissiveness, a lack of strict discipline, politicization of the campus, the rejection of values and mores long-cherished by the larger society. Complicating the problem is a clash of life-styles between the generations which has raised a deafening static and made communication extremely difficult between students and their off-campus elders. (At one meeting not long ago, an angry alumnus turned on a student and shouted, "I just can't hear you. Your hair is in my ears.")

How many people are disenchanted, how strongly they feel, and how they will act to express their discontent is not yet clear. But there is little doubt about the feelings and actions of many political leaders at all levels of government. Vice President Spiro T. Agnew spoke for many of them:

"When one looks back across the history of the last decade—at the smoking ruins of a score of college buildings, at the outbreaks of illegal and violent protests and disorders on hundreds of college campuses, at the regular harassment and interruption and shouting down of speakers, at the totalitarian spirit evident among thousands of students and hundreds of faculty members, at the decline of genuine academic freedom to speak and teach and learn—that record hardly warrants a roaring vote of confidence in the academic community that presided over the disaster."

Many state legislators are indicating by their actions that they share the Vice President's views. Thirty-two states have passed laws to establish or tighten campus regulations against disruption and to punish student and faculty offenders and, in some cases, the institutions themselves. A number of states have added restrictive amendments to appropriations bills, thus using budget allocations as leverage to bring colleges and universities into line.

'The public has clearly indicated displeasure with higher education'

The chancellor of California's state college system described the trend last fall:

"When I recently asked a legislator, '... Why did the legislature take what appears to me, and to most faculty and administrators in the state college system, to be punitive action in denying [a] cost-of-living increase to professors?'—he replied, 'Because it was the public's will.'

"We find ourselves confronted with a situation unlike that of any previous year. The 'public,' through the legislature, has clearly indicated displeasure with higher education . . . We must face the fact that the public mood, as reflected in the legislature, has taken a substantial turn against higher education overall."

A similar mood prevails in Washington. Federal support of higher education has slowed. Congressmen who have been friendly to higher education in the past openly admit that they face growing resistance to their efforts to provide funds for new and existing programs. Rep. Edith Green, chairman of the House of Representatives subcommittee that has jurisdiction over bills affecting colleges and universities, observed during the last session, "It would be most unwise to try to bring to the floor this year a bill on higher education, because the climate is so unfavorable."

IF THIS APPARENT LOSS OF FAITH PERSISTS, America's institutions of higher education will be in deep trouble. Even *with* the full confidence of the American people, most of the nation's colleges and universities would be experiencing financial difficulties. *Without* the public's confidence, it is now evident that large numbers of those institutions simply cannot survive.

Three years ago, the editors of this report published a special article on the financial outlook of American higher education at that time. The article began: "We are facing what might easily become a crisis in the financing of American higher education." And it concluded: "Unless the American people—especially the college and university alumni—can come alive to the



reality of higher education's impending crisis, then the problems of today will become the disasters of tomorrow."

Tomorrow has arrived. And the situation is darker than we, or anyone else, anticipated—darkened by the loss of public confidence at the very time when, given the *best* of conditions, higher education would have needed the support of the American people as never before in its history.

If the financial situation was gloomy in 1968, it is desperate on most campuses today. The costs of higher education, already on the rise, have risen even faster with the surging inflation of the past several years. As a result of economic conditions and the growing reluctance of individual and organizational contributors, income is lagging even farther behind costs than before, and the budgetary deficits of three years ago are even larger and more widespread.

This situation has led to an unprecedented flood of appeals and alarms from the academic community.

► James M. Hester, president of New York University and head of a White House task force on higher education, states that "virtually every public and private institution in the country is facing severe financial pressures."

► A. R. Chamberlain, president of Colorado State University, sees financing as "the most serious problem—even more serious than student dissent—that higher education will face in the 1970's." Many state legislators are angry, and the budgets of dozens of publicly supported colleges and universities are feeling the effects of their wrath.

► The smaller and less affluent colleges—with few financial reserves to tide them over a period of public disaffection—may be in the direst straits. "We are dying unless we can get some help," the president of Lakeland College, appearing in behalf of small liberal arts institutions, told a congressional committee. He added: "A slow death as we are experiencing goes practically unnoticed. This is part of our problem; nobody will even notice until after it happens."

(Few noticed, perhaps, the demise of 21 institutions reported in the 1969-70 Office of Education Directory, or that of several others which have decided to go out of business since the directory was published.)

► Preliminary figures from a study of financial problems at the 900 member institutions of the Association of American Colleges indicate that an alarming number of colleges are going into the red. William W. Jellema, the association's research director, estimates

The situation is darker than we—or anyone else—anticipated

that about one-fourth of all private liberal arts colleges in the nation are now drawing on their endowments in one way or another to meet operating expenses.

► At least half of the 70 private colleges and universities in Illinois are operating at a loss. A special commission created to study their fiscal problems warned that deficits "threaten the solvency, the quality, the vitality—even the survival—of some institutions." The lieutenant governor of Illinois predicts that one-third of the nation's private colleges may go out of existence by the end of the decade, unless state governments provide financial assistance.

► Predominantly black colleges and universities are feeling the pinch. The former president of one such institution put the problem in these terms: "If all the black students at Harvard, M.I.T., Brandeis, and the main campus of the University of Virginia were suddenly to drop out of college, there would be headlines all over the country. But the number of black students who will drop out of my school this year is equal to the number of black students at those four schools, and nothing will be said about it. We could keep most of them for another \$500 apiece, but we don't have it."

Even the "rich" institutions are in trouble. At Yale University, President Kingman Brewster noted that if the present shrinkage of funds were to continue for another year, Yale "would either have to abandon the quality of what we are doing, or abandon great discernible areas of activity, or abandon the effort to be accessible on the merits of talent, not of wealth, or of race, or of inheritance." As the current academic year began, Yale announced that its projected deficit might well be larger than anticipated and therefore a freeze on hiring would be in effect until further notice—no new positions and no replacements for vacancies. The rest of the Ivy League faces similar problems.

RETRENCHMENT has become a household word in campus administrative offices and board rooms everywhere. It is heard at every type of college and university—large and small, public and



private—and in every part of the country. For example:

► One morning several months ago, the trustees of a member-institution of the prestigious Association of American Universities spent several hours discussing the eventual necessity of scaling down to a small-college operation.

► Saint Louis University has closed its school of dentistry and is phasing out its school of engineering.

► Tufts University has eliminated its school of theology.

► Case Western Reserve University has terminated its graduate physical therapy program.

► A large university in the South has been forced to phase out six Ph.D. programs.

► Huston-Tillotson College has cut back on its athletic program, reduced the number of course offerings, and eliminated several faculty positions.

► Reed College has taken steps to cut the size of its student body and to raise the student-faculty ratio.

► A high-priced nuclear reactor at an Eastern state university stands idle for lack of research support and operational funds.

The Rev. Theodore M. Hesburgh, president of the University of Notre Dame, sums it up this way: "In the 25 years that I have been associated with the university . . . I can think of no period more difficult than the present. Never before has the university taken on more tasks, and been asked to undertake many more, while the sources of support, both public and private, both moral and financial, seem to be drying up."

THE FINANCIAL SITUATION is nowhere more urgent than in the medical schools. Forty-three of the country's 107 medical schools are in such severe financial straits that they are getting "disaster grants" from the federal government this year.

Dr. John Cooper, president of the Association of American Medical Colleges, warns that "the whole financial structure of our medical schools is gravely threatened." He blames cuts in federal funding (which provides more than 50 per cent of many medical school budgets) as well as inflation and reductions in Medicaid to hospitals.

Cutbacks in federal programs have also begun to erode the quality and effectiveness of academic science. Prominent scientists, who are not given to overdramatizing the facts, have issued urgent warnings.

Jerome Wiesner, provost of M.I.T. and former Presidential science adviser, said: "Cutbacks now in scientific research may cost the nation its leadership in

science and technology, and its economic well-being in the decades ahead."

Teams of scientists and technicians, painstakingly organized over the years, are now being scattered. Training and educational programs that provided the country with scientific manpower are faltering, and some have been forced to shut down.

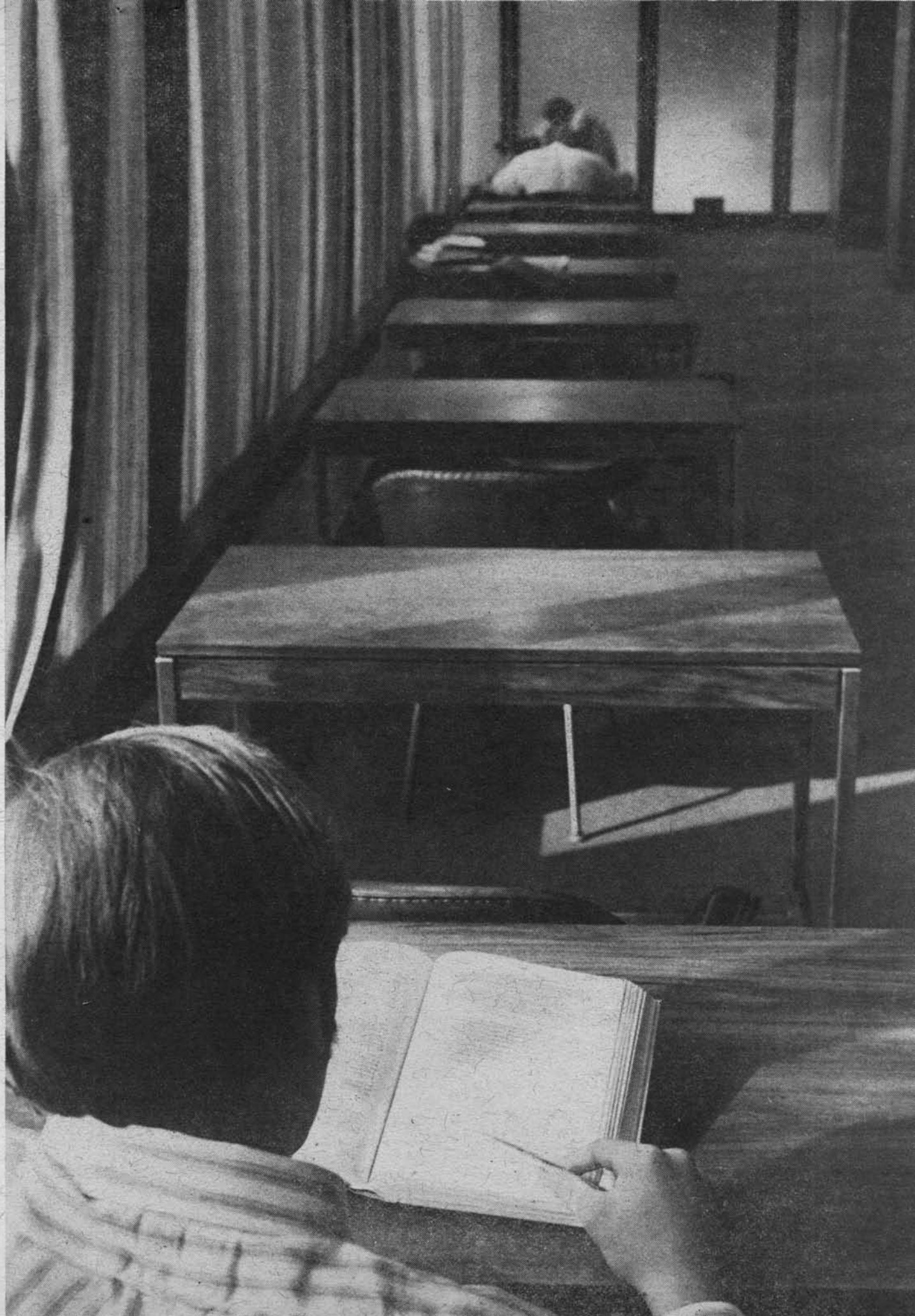
Philip Handler, president of the National Academy of Sciences, has said: "Our national apparatus for the conduct of research and scholarship is not yet dismantled, but it is falling into shambles." The universities are the backbone of that apparatus. When support of the universities weakens, science weakens.

WHAT ALL THIS ADDS UP TO is a crisis of unprecedented proportions for higher education—"the greatest financial crisis it has ever had," in the words of Clark Kerr, chairman of the authoritative Carnegie Commission on Higher Education.

Dr. Kerr's commission recently determined that two in every three U.S. colleges and universities were facing financial "hard times." Some 540 institutions, the commission estimated, were already "in financial difficulty"; another 1,000 were found to be "headed for financial trouble."

"Serious enough to be called a depression," was the estimate of Earl F. Cheit, professor of business administration at the University of California, who studied higher education institutions of all types for the Carnegie Commission and concluded that almost all colleges and universities eventually may be in financial difficulty. (In the course of his study, Mr. Cheit found that most college presidents believed that the loss of public confidence in higher education was, in large measure, at the root of much of the trouble.)

ALARMS about higher education's financial plight have been raised regularly over the years, simply because financial hardship has always been a fact of life for colleges and universities. In the past, the warnings and admonitions have produced at least enough response to provide some monetary relief and to forestall disaster. But the problem has grown steadily worse in recent years, and educators are pessimistic about the federal government's, or the state legislatures', or the alumni's coming to the rescue this time. In fact, the turmoil on the campuses and the growing antagonism toward the academic community could result in the situation becoming even worse.



The basic fiscal problem of colleges and universities is rather simple. They are nonprofit institutions which depend for their income on tuition and fees, interest on endowment, private gifts, and government grants. Tuition and fees do not cover the cost of education, particularly of graduate education, so the difference must be made up from the other sources. For private institutions, that means endowment income and gifts and grants. For state institutions, it generally means legislative appropriations, with relatively small amounts coming from endowment or private gifts.

In recent years, both costs and income have gone up, but the former have risen considerably faster than the latter. The widening gap between income and expenditures would have been enough in itself to bring colleges and universities to the brink of financial crisis. Reductions in funding, particularly by the government, have pushed the institutions over the brink.

Federal support for higher education multiplied nearly fivefold from 1960 to 1971, but the rate has slackened sharply in the past three years. And the future is not very promising. The president of a Washington-based educational association said bluntly: "In Washington, there is a singular lack of enthusiasm for supporting higher education generally or private higher education in particular."

Highly placed Administration officials have pointed out that colleges and universities have received a great deal of federal money, but that the nation has many urgent problems and other high priorities that are competing for the tax dollar. It cannot be assumed, they add, that higher education will continue to receive such a substantial share of federal aid.

Recent actions make the point even more dramatically:

► The number of federally supported first-year graduate fellowships will be nearly 62 per cent lower in 1971-72 than in 1967-68.

► The National Science Foundation has announced that it will not continue to make grants for campus computer operations. The foundation reports that—when inflation is considered—federal funds for research at colleges and universities declined 11 per cent between fiscal 1967 and 1970.

► The Higher Education Facilities Act of 1963, which helped to pay for much of the construction on campuses during the past seven years, is being phased out. In 1967 the outlay was \$700-million; last year President Nixon requested no funds for construction. Instead he proposed an interest subsidy to prompt insti-

The golden age:

**"we have discovered that it
was only gold-plated"**

tutions to borrow construction money from private sources. But a survey of state higher education commissions indicated that in most states fewer than 25 per cent of the institutions could borrow money on reasonable repayment terms in today's financial market. Six states reported that none of their private institutions could borrow money on reasonable terms.

► The federal government froze direct loans for academic facilities in 1968. On June 30, 1969, the Office of Education had \$223-million in applications for loans not approved and \$582-million in grants not approved. Since then only \$70-million has been made available for construction.

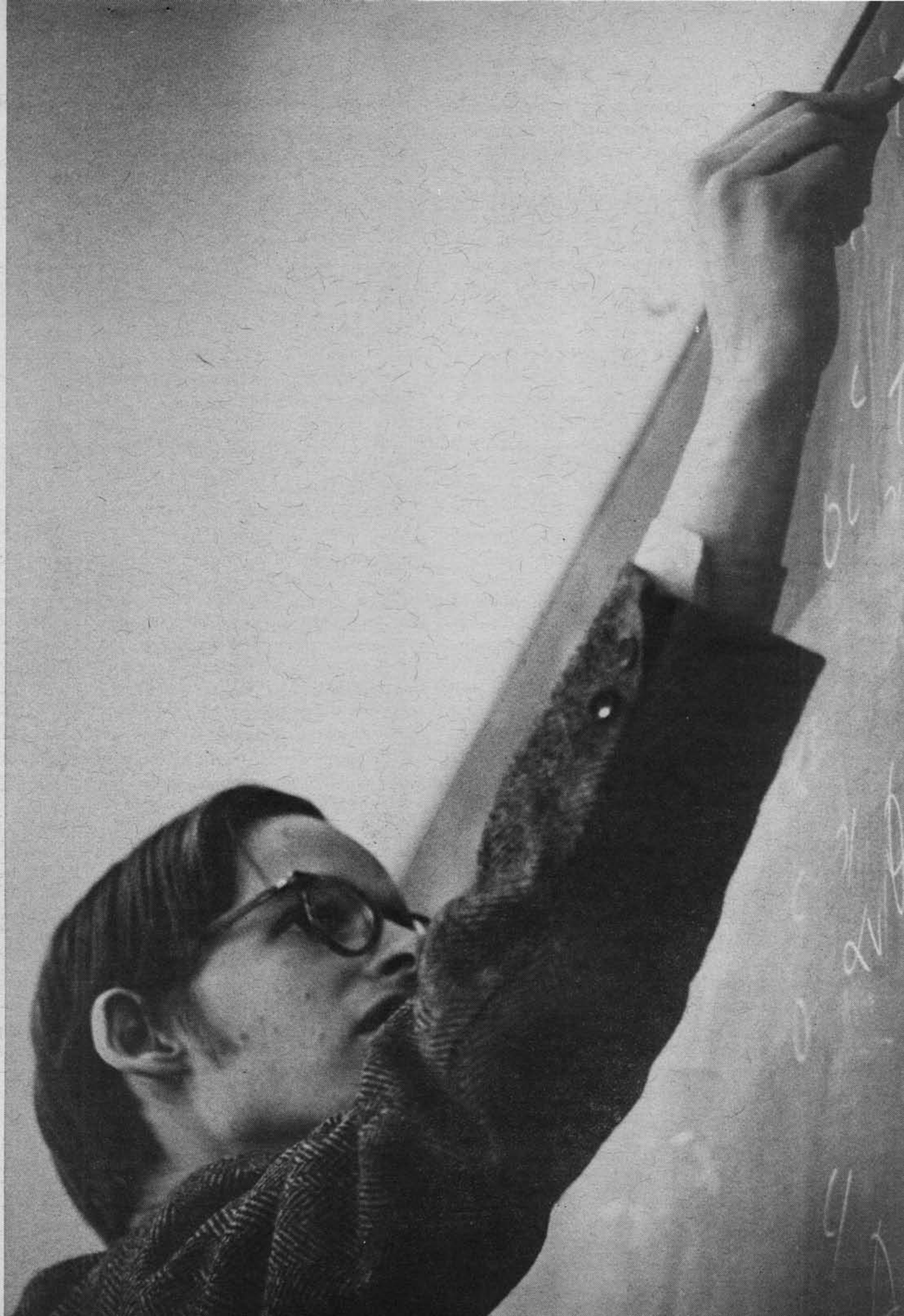
► The National Aeronautics and Space Administration has reduced its obligations to universities from \$130-million in 1969 to \$80-million in 1971.

"Losing federal support," says a university research scientist, "is almost worse than never having received it." Since much of higher education's expansion during the '60's was financed with federal funds, the withdrawal of federal assistance leaves the institutions with huge commitments and insufficient resources to meet them—commitments to faculty, to students, to programs.

The provost of a university in the Northeast notes wistfully: "A decade ago, we thought we were entering a golden age for higher education. Now we have discovered that it was only gold-plated."

MUCH THE SAME can be said about state funds for public higher education. The 50 states appropriated \$7-billion for 1970-71, nearly \$1-billion more than in any previous year and five times as much as in 1959-60. But a great part of this increase went for new facilities and new institutions to accommodate expanding enrollments, rather than for support of existing institutions that were struggling to maintain their regular programs. Since public institutions are not permitted to operate with fiscal deficits, the danger is that they will be forced to operate with quality deficits.

"Austerity operations are becoming a fact of life for



a growing number of institutions," says the National Association of State Universities and Land-Grant Colleges.

Many public institutions found their budgets cut this year or their requests for capital funds denied or reduced. Colorado State University's capital construction request for this year was cut from \$11.4-million to \$2.6-million in the face of projected enrollment increases of 3,600 juniors and seniors.

As state support has started to level off, public institutions have begun to raise tuition—a move that many feel is contrary to the basic philosophy of public higher education. The University of California is imposing a tuition charge for the first time in its history. The University of Illinois has boosted tuition by 60 per cent. Between 1959 and 1969, tuition and required fees doubled at public institutions.

Tuition in public institutions still does not approach tuition in private colleges and universities, which is now nearing \$3,000 in many places. At these levels, private institutions are having increasing difficulty attracting applicants from middle-income families. Many small liberal arts colleges, which depend on tuition for as much as 80 per cent of their income, are losing students to less expensive public institutions. Consequently, many smaller private colleges reported vacancies in their entering classes last fall—an indication that they may be pricing themselves out of the market.

Private giving is not likely to take up the slack; quite the contrary. The tax reform laws, recent declines in corporate profits, pressures to redirect resources to such pressing problems as environmental pollution, and the mounting unrest on the campuses have all combined to slow the pace of private giving to colleges and universities.

The Commission on Foundations and Private Philanthropy concluded that "private giving is simply not keeping pace with the needs of charitable organizations." The commission predicted a multibillion-dollar deficit in these organizations by 1975.

Colleges and universities have been working harder in their fund-raising efforts to overcome the effects of campus unrest and an ailing economy. Generally, they have been holding the line. An Associated Press survey of some 100 colleges throughout the country showed that most schools were meeting fund-drive goals—including some which experienced serious student disruption. Although the dollar amount of contributions has risen somewhat at most schools, the number of contributors has declined.

The consequences may go well beyond the campuses

"That is the scary part of it," commented one development officer. "We can always call on good friends for the few big gifts we need to reach the annual goal, but attrition in the number of donors will cause serious problems over the long run."

ALL OF THIS quite obviously bodes ill for our colleges and universities. Some of them may have to close their doors. Others will have to retrench—a painful process that can wipe out quality gains that have taken years to accomplish. Students may find themselves paying more and getting less, and faculty may find themselves working harder and earning less. In short, a continuation of the fiscal crisis can do serious damage to the entire higher educational establishment.

But the negative consequences will go well beyond the campus. "What happens to American higher education will ultimately happen to America," in the words of one observer. Examples:

► Much of the nation's technological progress has been solidly based on the scientific effort of the universities. To the degree that the universities are weakened, the country's scientific advancement will be slowed.

► The United States needs 50,000 more medical doctors and 150,000 more medical technicians right now. Yet the cutback in federal funds is leading to retrenchment in medical schools, and some 17 are threatened with closing.

► For two decades U.S. presidents and Congress have been proclaiming as a national goal the education of every young person to the limit of his ability. Some 8.5-million students are now enrolled in our colleges and universities, with 12-million projected by 1980. The Carnegie Commission on Higher Education recommends the creation of between 230 and 280 new community colleges in the next decade and an additional 50 urban four-year colleges to serve metropolitan areas. Yet federal programs to aid in campus construction are being phased out, states are cutting back on



capital expenditures, student aid programs are being reduced, and colleges are being forced to close their doors.

► Governmental rulings are now clearly directed to integrating black Americans into the larger society and creating equal educational opportunities for them and for the nation's poor. Many colleges and universities have enlisted in that cause and have been recruiting minority-group students. This is a costly venture, for the poor require almost complete scholarship support in order to matriculate in a college. Now, the shortage of funds is hampering the effort.

► An emergent national goal in the 1970's will be the cleaning of the environment and the restoration of the country's urban centers as safe, healthy, and sane places to live. With this in mind, the National Science Foundation has shifted the emphasis in some of its major programs toward the environmental and social sciences. But institutions which face major retrenchment to offset growing deficits will be seriously constrained in their efforts to help solve these pressing social problems.

"The tragedy," says the president of a large state university, "is that the society is rejecting us when we need it most—and I might add when it most needs us."

THE PUBLIC'S loss of confidence in the colleges and universities threatens not only their financial welfare, but their freedom as well. Sensing the public's growing dissatisfaction with the campuses, state legislators and federal officials have been taking actions which strike directly at the autonomy and independence of the nation's educational institutions.

Trustees and regents have also begun to tighten controls on colleges and universities. A number of presidents have been fired, frequently for not dealing more harshly with student and faculty disrupters.

"We are in a crossfire," a university president points out. "Radical students and faculty are trying to capture our universities, and they are willing to destroy our freedom in the effort. Authorities, on the other hand, would sacrifice our freedom and autonomy to get at the radicals."

The dilemma for college and university officials is a particularly painful one. If they do not find effective ways to deal with the radicals—to halt campus violence and resist efforts to politicize the institutions—outside forces will exert more and more control. On the other hand, if administrators yield to outside pressures

Alumni who understand can help to restore the public confidence

and crack down on radicals, they are likely to radicalize moderate students and damage academic freedom and individual rights in the process.

McGeorge Bundy, president of the Ford Foundation, summed it up this way:

"To the degree that violence subsides and the university community as such is kept separate from political conflict, the danger of attack upon the freedom of the university from the outside will be reduced. No institution which depends upon society for its resources will be allowed—as an institution—to choose sides in the general contests of the democratic process, and violence by the privileged is an uncommonly unpopular phenomenon. If it be true, as I believe, that both politics and violence must be restrained in the academic world for reasons that are intrinsic to the nature of the university, it is also true that when violence spreads and the university is politicized, society as a whole turns hostile—and in a prolonged contest with society as a whole, the university is not a likely winner."

Freedom would be the first casualty—the freedom to teach, the freedom to learn, the freedom to dissent, and the freedom of the academy to govern itself. Truth, objectivity, vitality, and knowledge would fall victim in quick succession. Were this to happen, society as a whole would suffer, for autonomous colleges and universities are indispensable to society's own self-renewal, its own cultural and intellectual advancement, and its own material well-being.

Samuel Gould, former chancellor of the State University of New York, once told his legislature something that is especially relevant today: "A society that cannot trust its universities," he said, "cannot trust itself."

"THE CRISIS on American campuses has no parallel in the history of this nation. It has its roots in divisions of American society as deep as any since the Civil War. The divisions are reflected in violent acts and harsh rhetoric and in the enmity of those Americans who see themselves

as occupying opposing camps. Campus unrest reflects and increases a more profound crisis in the nation as a whole."

Thus did the President's Commission on Campus Unrest begin its somber "call to the American people" last fall. Only greater tolerance and greater understanding on the part of all citizens, the commission declared, can heal the divisions.

If a major disaster for higher education and for society is to be averted, moderate Americans in every segment of society must make their voices heard and their influence felt. That effort must begin on the campuses, for the primary responsibility to increase understanding lies with the academic community.

Polls and studies have made it abundantly clear that the overwhelming majority of faculty members, students, and administrators are moderate people who reject violence as a means of changing either society or the university. These people have been largely silent and inactive; in the vacuum they have left, an impassioned and committed minority has sought to impose its views on the university and the society. The moderate majority must begin to use its collective power to re-establish the campus as a place of reason and free expression where violence will not be tolerated and harsh rhetoric is scorned.

The majority must also rethink and restate—clearly and forcefully—the purpose of our colleges and universities. It has become clear in recent years that too few Americans—both on and off the campus—understand the nature of colleges and universities, how they function, how they are governed, why they must be centers for criticism and controversy, and why they must always be free.

Only such a moderate consensus will be effective in restraining and neutralizing extremists at either end of the political spectrum. The goal is not to stifle dissent or resist reform. Rather, the goal is to preserve colleges and universities as institutions where peaceful dissent

and orderly change can flourish. Violence in the name of reform inevitably results in either repression or a new orthodoxy.

Polls and studies show that most alumni are also moderate people, that they support most of the campus reform that has occurred in recent years, that they share many of the concerns over social problems expressed by activist students, and that they sympathize with college officials in their difficult task of preserving freedom and order on the campus.

"What is surprising," notes a college alumni relations officer, "is not that some alumni are withdrawing their support, but that so many have continued to support us right through the crises and the turmoil." He went on to point out that only one of four alumni and alumnae, on the average, contributes to his or her alma mater. "Wouldn't it be something," he mused, "if the ones we never hear from rallied round us now." Wouldn't it indeed!

Alumni and alumnae, by virtue of their own educational experience and their relationship to colleges and universities, have a special role to play in helping to restore public confidence in higher education. They can make a special effort to inform themselves and to understand, and they can share their information and understanding with their fellow citizens. Too many Americans, influenced by mass-media coverage which invariably focuses on the turmoil, are ready to believe the worst about higher education, are willing to sanction the punishment of all colleges and universities in order to retaliate against the disruptive minority. Too many Americans have already forgotten the great positive contributions that colleges and universities have made to this nation during the past three decades. Here is where the alumni and alumnae can make a contribution as important as a monetary gift. They can seek to cool passions and to restore perspective. They can challenge and correct misinformation and misconceptions. They can restore the public confidence.

The report on this and the preceding 15 pages is the product of a cooperative endeavor in which scores of schools, colleges, and universities are taking part. It was prepared under the direction of the persons listed below, the trustees of EDITORIAL PROJECTS FOR EDUCATION, INC., a nonprofit organization informally associated with the American Alumni Council. The trustees, it should be noted, act in this capacity for themselves and not for their institutions, and not all the editors necessarily agree with all the points in this report. All rights reserved; no part may be reproduced without express permission. Printed in U.S.A. Trustees: DENTON BEAL, C. W. Post Center; DAVID A. BURR, the University of Oklahoma; MARALYN O. GILLESPIE, Swarthmore College; CORBIN GWALTNEY, Editorial Projects for

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THOMAS JEFFERSON UNIVERSITY

Office of the
President



Philadelphia, 191
(215) 829-66

EMERGENCY PROCLAMATION

A state of fiscal crisis exists at Thomas Jefferson University as a result of a number of serious financial situations. These situations include (1.) the failure of public agencies to pay the costs for the medical care Jefferson renders to many patients who are financially deprived and unable to meet these costs through their own resources; (2.) uncertainties related to the financial reimbursement by third party payers, such as Blue Cross, Medicaid, and Medicare; (3.) continually mounting costs of supplies, equipment, and services; (4.) accumulated annual deficits as a result of limitations upon the development of adequate income to meet the full costs of our educational and patient care programs; and (5.) the severe financial problems in Pennsylvania caused by the recent Supreme Court decision to declare the Income Tax unconstitutional, thereby jeopardizing our State appropriation for medical education.

This serious situation has made it necessary for me to review all the operating programs at Thomas Jefferson University with the senior officers and members of the Board of Trustees, and to conclude that a series of emergency measures must be undertaken in order to preserve the fiscal stability of the University. Therefore, I direct that the following be instituted:

1. All salary increases shall be postponed for all officers, faculty, staff, and employees of the University, except for those employees in grades 1 to 12.
2. Recently the Director of the Hospital, acting on instructions from the Board of Trustees and me, has imposed significant reductions on personnel and on purchases of equipment and supplies in the Hospital. I am now extending these instructions to all divisions of the University. Accordingly, no vacant positions may be filled and no equipment or supplies are to be purchased unless authorized by the appropriate senior officer.
3. A moratorium is now placed on all capital expenditures not previously authorized and projects that have been previously authorized but not started will be reviewed.
4. No travel will be reimbursed from Jefferson funds without advance approval by the appropriate senior officer.
5. Each of you is requested to exert fiscal restraint at every turn—even in small matters as turning off lights and air conditioners, and using telephones only for necessary Jefferson business but, most importantly, reviewing your staff requirements and reducing staff when possible.

I wish to express again my profound regret that it has been necessary for me to adopt these emergency measures. I fully intend to review these policies as soon as the fiscal status of the University will permit. In the meantime, I ask all of you to assist me in stabilizing our monetary affairs so that Jefferson's growth and progress will not be impeded.



Five hundred alumni and guests are on hand for annual banquet at Holiday Inn on City Line.

Reunion Activities

The 1971 Jefferson reunion activities began early on the morning of June 9. A few stalwarts participated in the SMA 12/16 blood studies at 9:30 a.m. Shortly thereafter they were joined by their colleagues for the Clinic Program which began with a discussion of "Medicine in Rural Ghana" by Warren Lambright, M.D. '66. John J. DeTuerk, M.D. '38, Chairman of the Clinic Committee, served as moderator. Concluding the busy and informative morning was Jacob K. Berman, M.D. '21, representing the Fiftieth Reunion Class. His remarks, "Some Golden Precepts of Medicine," are printed on page 33.

Following the clinics the alumni were the guests of Dean William F. Kellow in the Jefferson Hall dining room. Among those honored at the luncheon were the faculty members retiring this year. Five of them were able to attend: C. Earl Albrecht, M.D. '32, Professor of Community Health and Preventive Medicine; Mario A. Castallo, M.D. '29, Clinical Professor of Obstetrics and Gynecology; Romano DeMeio, Ph.D., Professor of Biochemistry; Teresa P. Domanski, M.S.S., Associate in Psychiatry (Social Service); and

George W. Truitt, M.D., Clinical Assistant Professor of Psychiatry. Dean Kellow introduced some of the thirty-five members of the class of 1971 who are related to Jefferson alumni. Among them were two daughters and eight sons. Dean Kellow described the proud fathers as "the envy of all the rest of us."

In the afternoon the Scott Library and Administration Building was formally dedicated. Many alumni toured the building where the library staff was on hand to guide and answer questions. Another attraction was the Jefferson Art Show organized by the Faculty Wives Club under the direction of Mrs. John H. Hodges. The two hundred fifty entries submitted by the faculty and their families were displayed in the Jefferson Hall social lounge.

Ten class reunion dinners were held on Wednesday evening in sites as varied as the Barclay Hotel and the Middle East Restaurant. Jefferson Hall was the scene of five parties, one in the Faculty Club and four in the dining room. There the members of the classes of 1921, 1926, 1936 and 1941 and their wives danced the night away to the strains of Leroy Bostic.



President Herbert A. Luscombe, toastmaster.



Dr. Luscombe congratulates Achievement Award recipient, Dr. Baldwin L. Keyes.



Dr. J. Wallace Davis, chairman of Annual Giving, presents award to Dr. Robert C. Magley for performance of class of '56.



Chairman of the Board, William W. Bodine, addresses alumni.



Promptly at 6:30 P.M. guests begin arriving and are greeted by the officers and their wives.

The annual Alumni Banquet, held on Thursday evening at the Holiday Inn, climaxed the reunion activities. Alumni President Herbert A. Luscombe, '40, introduced the speakers, Chairman William W. Bodine for the Board of Trustees, President Peter A. Herbut for the Administration, and Dean William F. Kellow for the College. Dean Kellow presented the class of 1921 with label buttons and certificates in commemoration of their fifty years of service to the medical profession.

Five hundred alumni rose to salute Baldwin L. Keyes, M.D. '17, as he accepted the Alumni Achievement Award from John J. O'Keefe, M.D. '37. (see

page 39) Dr. Keyes is the third member of his class to receive the award. Henry L. Bockus, M.D., and LeRoy A. Schall, M.D., also have been so honored.

Retiring Chairman of the Department of Radiology, Philip J. Hodes, also was on hand to receive recognition and thanks from the Alumni.

The program concluded with William J. Hargreaves, M.D. '46, who represented the twenty-fifth reunion class, and James E. Barone, M.D. '71, who expressed the senior class' appreciation for the evening. The formal festivities were over but many remained, reluctant to bring the evening of fellowship to a close.



The Old Guard, Dr. Edward L. Bauer '14, Emeritus Professor of Pediatrics. Dr. Bauer has not missed an Alumni Banquet since his graduation.



The New Guard, Dr. Augustin J. Schwartz, III, recipient of the Alumni Prize for highest cumulative academic record. The Clinic names him "Jefferson's best for '71."

1921

the dean presents honors to the class of 1921

1971



*William T. Lemmon
Philadelphia, Reunion Chairman*

The Alumni Association honored its fiftieth reunion class of 1921 during activities at the College in June. Members came from as far as California, Florida and Puerto Rico to reminisce with classmates and take a look at the Jefferson of today.

On Wednesday morning, Dr. Jacob K. Berman, Emeritus Professor of Surgery at Indiana University School of Medicine, represented his class at the clinics. His talk is printed on page 33.



*Jacob K. Berman
Indianapolis, Ind.*



*Lynn M. Rankin
Clearwater, Fla.*



*Glenn R. Frye
Hickory, N. C.*



*Louis S. Morgan
Long Beach, Calif.*



*Jose R. Pastor
Santurce, P. R.*



*Weldon A. Gift
Marlette, Mich.*



*Cecil R. Park
Scranton, Pa.*



*Gerald W. LeVan
Boonsboro, Md.*

some golden precepts of medicine

by Jacob K. Berman, M.D. '21

Over the past half century I have enunciated many medical precepts to my students. The following are some that I have emphasized: 1) Handle the tissues with loving kindness and they will respond in the same manner. 2) Treat the patient with empathy. 3) The greater the indications for treatment, the better the results. 4) The patient is not a disease or a number but an individual. 5) Cure if possible and if not prolong life, and alleviate suffering.

I am presently writing a history of the Western Surgical Association, an organization founded in 1891 of which I am a former President. My studies of the activities and behavior of the pioneer surgeon have convinced me of the value of these golden precepts.

Eighty years by many standards is a short time. Yet the changes in medical practice are incredible. Picture the horse and buggy doctor on a dirt road, carrying his ironing board operating slab to perform surgery on the kitchen table by the light of a kerosene lamp. Yet his results were surprisingly good when placed in their proper perspective. He had learned the first precept in surgery—to handle the tissues with loving kindness and they will respond in the same manner.

But he had also learned to treat the patient with empathy, the second precept. Today with our sophisticated instruments we find it almost superfluous to see the patient before or after surgery. But preoperative investigation often uncovers occult disease and daily visits after an operation may prevent complications and provide reassurance to the patient. We know that a good history is the shortest and surest way to an accurate diagnosis. Do we take the time and effort to obtain this? We teach our students to examine the patient thoroughly but this is often perfunctory. Many routinely do not feel the carotid pulses, note the distensible neck veins, palpate the dorsalis pedis and posterior tibial arteries; the busy doctor sometimes overlooks the value of digital vaginal and rectal examinations, to say nothing of smears from the cervix uteri.

We should instruct our students to never become enured to suffering but rather to do what the old physician did when he noted the patient's anxious expression, the tear in her eyes, the quiver on her lips, when he felt her pain and sensed her fear and anguish. Have we told the young doctor to take the time to assuage the grief, disquietude and sorrow of his patient? These efforts also imply loving kindness.

The laboratory and all of our diagnostic equipment is indispensable. The computer stores the facts, makes the diagnosis and to some extent predicts what will happen. But it is a machine and gives back only what we put in. Our synapses must work harder than ever to keep up with it. But no machine will ever replace a kind word or instill a sense of hope rather than despair.

The third precept our pioneer physician learned was: "the greater the indications for any treatment, medical or surgical—the better the results." Is it always necessary to give a prescription, or hypodermic injection or perform some kind of surgery?

The fourth precept is that the patient is not a disease or a number but an individual. I still resent the intern's reference to the guy on four west with cancer of the lung or the gal on three B with a hiatal hernia who had the Berman balanced procedure. These patients do have names.

"Not thou and I but thou—I," said Martin Buber. One does not exist without the other. I think that getting closer to our patients will heal the present state of antipathy towards us, reduce the likelihood of medico-legal problems, and restore the patient-physician privileged relationship.

Cure if possible and if not prolong life and alleviate suffering is the fifth golden precept. Remember the sin of omission is as great as the sin of commission. To prolong life may mean that tomorrow the incurable will be curable; the unavoidable will be preventable.

We now know, for example, that DNA and RNA can not only replicate themselves but through an enzyme (endonuclease) they may repair themselves when injured. Another enzyme (polymerase) deletes damaged chemistrands of DNA. Now a new enzyme, still hypothetical when absent, allows DNA in skin cells to be injured by ultraviolet light (Xeroderma Pigmentosum) without the ability to repair themselves. It is conceivable that in the near future this missing enzyme may be produced and supplied to the cells to prevent cancer as well as other diseases. But the patient does not want to know what we shall be able to do five years from now but rather what we can do now. Our mandate is clear . . . to do all that is scientifically, morally and ethically possible now.

At the risk of being called an importunate Professor I shall share with you a mathematical formula (since mathematics is the most succinct form of expression) which summarizes my thoughts:

$$(AD + PT) \times K = SR$$

AD = accurate diagnosis K = kindness

PT = proper treatment SR = superior results

Finally, at a time when we see all about us conduct which may be described as the worst in man, let us as physicians, true to the tradition of Jefferson, try to exemplify behavior which may be described as the best in man.

reunion parties . . . at Jefferson Hall



Dr. John B. Montgomery (at end of table) was co-chairman for reunion plans for class of '26.



Class party was held at Jefferson Hall.



*Dr. Neal R. Moore (third from left) was other chairman of arrangements.
Dr. Vincent T. McDermott (second from right) is class agent
and a past President of the Alumni Association.*



At far left is Dr. Harold L. Stewart presently serving as an Alumni Trustee at Jefferson.



Black tie dinner dance started at 7 o'clock and went until well after midnight.



Nearly fifty guests were on hand to celebrate 45th reunion. Dr. George C. Griffith (second from right) is a past recipient of the Alumni Achievement Award.



The class of 1936 also shared facilities at Jefferson Hall for the dinner dance. Dr. Nicholas R. Varano (top row, fifth from right) was chairman. Leis were flown from Hawaii with the Robert T. Wongs as mementoes for the ladies.

The class of 1941 celebrated its 30th at Jefferson Hall. Dr. Willard M. Drake (second row right) acted as chairman of reunion activities. Cocktails prior to the dinner dance were served in the west garden. Dr. and Mrs. Hobart A. Reimann were special guests.



... and elsewhere



The 25th reunion class met at the Racquet Club for a black tie dinner dance. Dr. William H. Baltzell (first row third from left) was chairman.



The class of 1956 held its 15th reunion at the Drake Hotel. Dr. Leopold S. Loewenberg (second row second from right) served as reunion chairman.



In addition to a dinner at the Barclay the class of 1931 met at the Union League for its traditional stag luncheon. Dr. Dennis R. Gillen (second row center) was in charge of arrangements.



1951's 20th reunion, a dinner dance, was held at the Marriott Motor Hotel. Dr. Herbert C. Mansmann was chairman.



The first reunion for the class of '66 was in the Faculty Club at Jefferson Hall. Dr. Edward T. Carden was in charge of arrangements.



Dr. Theodore W. Wasserman opened his center city home to the class of '61 for a cocktail party prior to the 10th reunion dinner at the Middle East Restaurant. He acted as reunion chairman.



Alumni Achievement Award

Baldwin L. Keyes

At the Alumni Banquet on June 10, Baldwin L. Keyes, M.D. '17, received the Alumni Achievement Award in recognition of his accomplishments during a professional career that spans over fifty years. The tribute is but one of many accorded Dr. Keyes. In 1965 he received a Merit Award from the Malvern Institute and a Certificate of Merit from the Pennsylvania Psychiatric Society. The following year he was awarded an honorary degree from Drexel Institute of Technology where he is a member of the Board of Trustees. Fifty years after his graduation from Jefferson, he joined the Class of 1967 on the stage at the Academy of Music to receive the degree of Doctor of Laws.

Born in Brazil in 1893, Dr. Keyes was raised in mountain and jungle country. After completing his education in the United States, he enlisted in the U.S. Army and in 1918 was awarded the British Military Cross for Valour. During World War II he served as Executive Officer and Commanding Officer of the 38th General Hospital, organized at Jefferson Hospital in 1940 and 1941. In 1954 Dr. Keyes resigned his reserve commission, completing thirty-seven years of continuous service as a commissioned officer in the medical department of the U.S. Army.

After World War I, Dr. Keyes returned to Philadelphia and in 1927 became Chief of Psychiatric Service at Philadelphia General Hospital. He joined the Jefferson Medical College Staff in 1929. Under Dr. Edward Bauer '14, he organized the first child psychiatric clinic in a pediatric department in the United States. In 1935 he was appointed Clinical Professor of Psychiatry and the following year, Professor of Psychiatry and Chairman of the Department. During his tenure, psychiatry assumed a more significant place in the curriculum, expanding from forty-five hours in the senior year to two hundred eighty-five hours spaced through the last three years. In 1952 and 1953 he served as Chief of Staff at Jefferson Hospital. As a special tribute to Dr. Keyes, the Class of 1955 presented his portrait to the College. Dr. Keyes retired in 1958 but remains on the Jefferson staff as Emeritus Professor of Psychiatry. In his honor, the Baldwin L. Keyes



Dr. Baldwin L. Keyes receives Achievement Award from Dr. John J. O'Keefe.

Prize in Psychiatry is awarded annually to a senior.

Throughout his career, Dr. Keyes has been active in professional organizations. He has served as President of both the Philadelphia Psychiatric Society and the Pennsylvania Psychiatric Society of which he was a founder. In addition he was a Founder and Councilor of the Medico-Legal Institute of Philadelphia and a Director of the Philadelphia County Medical Society. In 1955 he was elected President of the Alumni Association at Jefferson.

Dr. Keyes always has been involved in public affairs. He was a pioneer in establishing psychiatric units in general hospitals and worked on revisions to the Pennsylvania Mental Health Act. A concern for juvenile delinquents led to his association with the Philadelphia Municipal Court as a psychiatric consultant. In that capacity he worked to develop and improve the social service and probation officer section. He also has served as Chairman of the Medical Advisory Committee of the Philadelphia County Courts.

Dr. Keyes has contributed over thirty articles to the literature of psychiatry. He has written on the relationship of psychiatry to industry and to law; he has dealt with war neuroses, adolescent problems, capital punishment, alcoholism and drug addiction.

As the Trustees of Drexel Institute of Technology said in granting him the degree of Doctor of Science:

These subjects can only begin to suggest the humanitarian concerns of this scientist. The services we have noted can only begin to suggest the medical concerns of this humanist. And all of these activities and commitments can only begin to describe an educator, a humanist, a scientist, and an officer who has conducted his life with honor and valor.



profile:

James M. Hunter M.D. '53

On the wall in James Hunter's office hangs a reproduction of Rembrandt's *Anatomy Lesson of Dr. Tulp*, an interesting choice for a hand surgeon. One of Rembrandt's most significant group portraits, the painting depicts several doctors watching one of their peers dissect a hand. Dr. Hunter is quick to point out various anatomical inaccuracies in the painting, admitting that perhaps Rembrandt did not share his own fascination with the muscles and tendons of the hand. Six or seven years ago Dr. Hunter decided to "concentrate his entire effort on reconstruction of the upper extremity, especially the hand." Why specialize in such a limited area? Because, Dr. Hunter explains, the hand is the most vulnerable. Nearly two-thirds of all hand injuries result in permanent disability. Hand surgery is expected to develop into a full specialty within the next decade or two; it will be an especially intriguing and exacting one since it combines the principles and techniques of the gamut of surgery: general, plastic, orthopedic and neurological. "Because the ultimate objective is function of the highest order and because the hand is really the eye of the brain," Dr. Hunter asserts, "there is much more here than most people think about."

Significant advances in hand surgery were made during World War II. Sterling Bennell, author of the first book on reconstructive surgery of the hand, persuaded the army to establish nine hand centers for wounded veterans. About the same time antibiotics were introduced. Hand surgeons, who had been battling infection, were able to concentrate on reconstruction. Although Dr. Hunter's interest in orthopedic surgery grew during

his military service, his fascination with hands developed towards the end of his training at Jefferson. In 1959 he went to New York to study anatomy of the hand and was given the first fellowship in hand surgery at Columbia.

Now he is back at Jefferson as Assistant Professor of Orthopedic Surgery and Chief of the Hand Service. As a result Jefferson has become a center for hand training with resident fellows each year. The success of the program is evident from the positions these men now hold. One is a hand surgeon for the burn center at Brook Army Medical Center; another is Chief of the Hand Service at Valley Forge; a third has gone to the Geisinger Medical Center to start a hand service. This year a young surgeon has come from the Royal Victoria Hospital at McGill and plans to return to Montreal to initiate a similar service. Future projects include a post graduate training course in hand surgery to be held this November under the auspices of the Department of Continuing Education and a large international program on hand surgery and tendon research scheduled for the spring of 1973.

Perhaps the most dramatic development in the evolution of hand surgery is the success of the artificial tendon. Although the idea of a tendon replacement had existed for some time, there was no suitable material available. In 1959 Dr. Hunter was among those who observed the first medical grade of silicon rubber inserted in a hand. Thus began the quest which resulted in the Hunter Tendon Prothesis. This artificial tendon is inserted in the hand to replace a damaged tendon and to allow the tendon bed to rebuild itself. After several



months the artificial tendon is replaced with a natural graft. Although he and his colleagues did not anticipate all the advantages of the artificial tendon, Dr. Hunter feels it has developed into a "whole philosophy of tendon surgery." "We're just on the edge of changing, of making a mark, a real revolution," he believes. Research continues on the fully active artificial tendon which might become permanent. The Department of Orthopedic Surgery recently received a grant from the army for experiments on chimpanzees, the first chimpanzees at Jefferson. "They're a bunch of incorrigibles," Dr. Hunter complains, "but their hands are magnificent."

Foremost in Dr. Hunter's mind at the moment is the establishment of a center for hand reconstruction and rehabilitation at Jefferson. Although such centers exist in Europe, there are none in the United States. The former Horn and Hardart Bakery at 243 S. Tenth Street, is currently being transformed into a basic diagnostic area and a small physical and occupational therapy unit in the hope of its becoming the nucleus of the center. Initially Dr. Hunter hopes to set up "a comprehensive outpatient center for the restoration of hand function, emphasizing the rehabilitation of men injured in industry through adaptive occupational therapy." The total idea of a hand center at Jefferson would include the outpatient facility, inpatient quarters and facilities for reconstructive surgery and acute trauma.

One of the greatest problems fac-

ing hand surgeons is that hand injuries are not considered serious and often receive, unintentionally, inadequate treatment with little follow-up from physicians with no training in hand surgery. When the patient finally consults a hand surgeon, his muscles may have atrophied and his vocational motivation is greatly reduced. With the hand center, problems would be found earlier and treated better. "We would be able to deal with problems in a more efficient and effective way so that these people don't become lost souls, they don't lose their motivation, they don't become wanderers like a kite without a tail," Dr. Hunter explains. "They're channelled into a program which is intense, where the atmosphere is one that says get better, here are your goals. We establish things and we move them into pre-vocational training before they become lost people."

Dr. Hunter is affiliated with various institutions in Pennsylvania. At the State Hospital for Crippled Children he is Chief of the Upper Extremities Service and Co-Chief of the Child Amputee Research Clinic. The children's problems do not lend themselves to a general hospital or even a general children's hospital, Dr. Hunter feels. "Children require special guidance, a team effort with sociological and psychological therapy," he explains. Dr. Hunter is also a consultant at area veterans hospitals including Valley Forge which was one of the nine hand centers started during World War II. Do hand surgeons face different problems with Viet-

nam veterans? "Not really," says Dr. Hunter. "The injuries are more severe because of the high velocity missiles. Improved rescue operations mean more soldiers surviving with serious injuries." A third area of interest is the Compensation Hand Service for Philadelphia City Employees at Philadelphia General Hospital. Since its start in 1959, the clinic has had over 15,000 hand visits.

In addition Dr. Hunter serves as Coordinator of the House Staff Program at Jefferson. "I'm like Ensign Pulver in *Mister Roberts*, the laundry and morale man," he chuckles. Recently he organized a moonlight cruise on the Delaware on the *Showboat* for interns and residents. Stars of the evening were the Red Peppers, a dixieland jazz band in which Dr. Hunter plays bass.

Dr. Hunter is also a skilled oarsman. In 1964 he rowed 500 miles on the Schuylkill. "But it's been less every year since," he says ruefully. "When I get these tendon papers done and we get ourselves in the bakery, then I'll start rowing." Hopefully the initial work on the building will be completed in the fall. "What we hope to do," Dr. Hunter explains, "is to establish ourselves in the bakery with a basic diagnostic area and a modified, small physical therapy and occupational therapy concept and leave part of this undone. Then we hope to attract benefactors and funding to establish the Center for the Restoration of Hand Function, Inc." As Dr. Hunter says, "You have to have something to show somebody."

the jefferson scene

new trustees

Two new members have joined the Board of Trustees. William W. Bodine, Jr., Chairman, has announced the election of John J. Horan as a Term Trustee and Robert L. Evans, M.D. '52 as an Alumni Trustee, succeeding George J. Willauer, M.D. '23.

Dr. Evans became Dean of the Rockford School of Medicine of the University of Illinois on July first. Previously he was Director of Medical Education and Professional Services and Vice-President for Medical Affairs at York Hospital, York, Pa. At the University of Maryland he served as Associate Professor of Medicine and Special Assistant to the Dean for Affiliation and Continuing Education.

After graduating from George Washington University, Dr. Evans studied at Jefferson where he remained for his internship and residency. He received certification by the American Board of Internal Medicine in 1959 and became a member of the American College of Physicians the following year.

Dr. Evans has served as an Instructor in Medicine at Jefferson, as Chief of Internal Medicine at Magee Memorial Hospital in Philadelphia, and as Field Surveyor for the Council on Medical Education and Hospitals of the AMA. Listed among his numerous professional activities is the Presidency in 1966 of the Association for Hospital Medical Education. He has served as Chairman of the Continuing Education Committee of the Pennsylvania Medical Society and was elected Vice-President of the Pennsylvania Heart Association in 1967.

Now President of Merck, Sharp and Dohme, Mr. Horan joined the

firm in 1952. During the next seventeen years he served in a variety of management positions encompassing law, public relations, research administration, corporate planning, and marketing. He became President in 1969. An alumnus of Manhattan College and Columbia Law School, he is a former legal advisor to the World Health Organization. Mr. Horan is currently active in a number of professional associations including the Advisory Board of the Management Science Center of the Wharton School, University of Pennsylvania, the American Foundation for Pharmaceutical Education, the Academy of Natural Sciences, the Manhattan College Council on Planning and Development, the International Medical Development Board, and the American Bar Association.

lindback awards

The Christian R. and Mary F. Lindback Awards for Distinguished Teaching were presented at Class Day ceremonies on June 10 in McClellan Hall. This coveted honor is presented annually to a member of the clinical faculty, the choice of the senior class, and a member of the pre-clinical faculty, the choice of the sophomore class.

Recipient of this year's clinical award was Dr. John J. Dowling, Clinical Associate Professor of Orthopedic Surgery. Dr. Dowling, a 1947 graduate of Jefferson, received his first appointment to the faculty as an Assistant in 1955, and was promoted to Associate Professor in 1969. Dr. Dowling presently is Chief of Orthopedics at Lanekau Hospital, a post he accepted in 1970.

The pre-clinical teaching award went to Dr. Arthur Allen, Associate Professor of Biochemistry. Dr. Allen, who received his undergraduate training at Temple University, was awarded his doctorate there in 1956. He has been on the faculty at the Medical College since 1958.

russian trip

During April one hundred eighty-six Jeffersonians—alumni, faculty and family—participated in the ninth Post Graduate Seminar, a three-week tour of Russia, Finland and Denmark. Arriving in Moscow on April 7, the group visited the capital for four days before proceeding to Leningrad via Kiev and Yalta. In addition to "normal" sightseeing—monuments, museums and cathedrals—the group toured various medical facilities in each city. Evening entertainment included performances of the Moscow Circus and the Kirov Theatre Ballet.

April 20 found them in Helsinki for a few days of relaxation. From there they went to Copenhagen where the Hans Christian Anderson Mermaid and Hamlet's Castle were among the attractions. During this part of the trip, many mornings were devoted to medical seminars at which Finnish and Danish doctors joined the Jeffersonians for discussions of their specialities. A weary but contented group returned to Philadelphia on April 27.

college of dentistry

The Trustees have authorized active consideration of the establishment of a College of Dentistry as a logical step in fulfilling Jefferson's role of Medical University. Dental care is an integral part of total health care, and the United States faces a shortage of trained professionals. According to the Carnegie Commission report, forty-six thousand more dentists will be required by 1975.

Jefferson is well structured to incorporate such a development as its educational program lends itself readily to adaptation for the first two years of dental training. A nucleus of trained professionals is already on hand and their experience will be extremely valuable in developing a fully accredited dental school.

gift of property

The Pennwalt Corporation has made a gift of property worth nearly \$500,000 to Thomas Jefferson University. Valued at \$823,500, the S. S. White Building, a seven-story structure at 211 S. 12 St., was sold by Pennwalt to Jefferson for \$350,000. Charles H. Rybolt, President and Chief Administrative Officer, said that the transfer of property to Jefferson is an extension of Pennwalt's broad aid-to-education program.

the landplane

The Department of Psychiatry exhibited a unique classroom-on-wheels at the convention of the American Psychiatric Association in Washington, D.C., in May. The Jefferson Landplane is a travelling classroom intended to convert the precious time now wasted by commuting into useful time for intensive teaching. The size of a large bus, the Landplane is designed for instructing medical students and psychiatric residents during the long trip between the University and the Veterans Administration Hospital in Coatesville. The project is sponsored jointly by the Veterans Administration and Jefferson Medical College.

Fully adapted for modern, effective teaching, the travelling classroom will be valuable in any academic situation where group travel ordinarily results in wasted time and energy for both students and instructors.

library dedication

The Samuel Parsons Scott Library and Administration Building was formally dedicated on June 9. Stanley K. Graham, Vice-President for Development, introduced some of those who contributed to the success of the building including Roy F. Larson of Harbeson, Hough, Livingston and Larson, architects. Following introductory remarks by President Peter A. Herbut and

Board Chairman William W. Bodine, Leroy L. Langley, Ph.D., Associate Director for External Programs at the National Library of Medicine, spoke on the future prospects of medical libraries. He described the Scott Library as far more than a simple repository of documents. Rather it is and must be a center of biomedical communications. In spite of expanded facilities, new methods of communication are urgently needed, new ways of storing and retrieval urgently required. After describing some of the programs of the National Library of Medicine, Dr. Langley urged a much broader effort involving all concerned with biomedical communications. The ceremonies concluded with formal acceptance of the library by Robert T. Lentz, Librarian.

family practice

The Family Physicians Society has been formed to encourage and assist medical students in preparing for family practice. Among the FPS projects is a preceptorship program whereby students may visit family practitioners and observe and participate in the intricacies of family medicine. Visits to various Philadelphia health clinics are planned to provide experience in community medicine. Ultimately FPS hopes to stimulate sufficient interest to warrant establishment of a Family Practice Internship and Residency Program at Jefferson.

faculty club

William A. Rutter, M.D. '57, Associate Professor of Psychiatry, has been elected President of the Faculty Club for the coming year. Located on the mezzanine of Jefferson Hall, the Faculty Club serves lunch daily in an attractive, relaxed setting. The facilities may be reserved by members for private entertaining. Membership is open to all alumni. Anyone wishing to join should contact the alumni office.

symposia

During the spring two symposia were held as part of Jefferson's Continuing Education Program. The subject of the first, in April, was Therapy in Otolaryngology. William H. Baltzell, M.D. '46, Clinical Professor of Otolaryngology, was Chairman of the two-day program which was attended by one hundred twenty-five. Among those participating were Daniel C. Baker, Jr., M.D. '34, Professor and Chairman of Otolaryngology at Columbia University, who spoke on the treatment of salivary gland tumors. James R. Leonard, M.D., Professor and Chairman of Otolaryngology at Jefferson, moderated a panel discussion of tumors of the head and neck in which F. Johnson Putney, M.D. '34, Professor of Otolaryngology at the Medical School of South Carolina, took part. A highlight of the session was a dinner at the Barclay Hotel at which Louis H. Clerf, M.D. '12, Emeritus Professor of Otolaryngology, was guest of honor.

On May 14 experts from Jefferson, the University of Pennsylvania, and the University of California at San Francisco presented the latest findings in the diagnosis and treatment of glaucoma to an audience of one hundred. Among those who participated in a panel discussion of problem cases in glaucoma, moderated by Thomas D. Duane, M.D., Professor of Ophthalmology and Chairman of the Department at Jefferson, were two faculty members, William C. Frazer, M.D., Professor of Ophthalmology and Edwin U. Keates, M.D., Assistant Professor of Ophthalmology. P. Robb McDonald, M.D., Professor of Ophthalmology at Jefferson and Professor and Chairman of the Department at Lankenau Hospital, presented a paper on "Open Angle Glaucoma: Surgical Aspects." William T. Hunt, M.D. '27, Associate Professor of Ophthalmology, was Program Chairman.

portrait presentation

On May 5, 1971 the senior class presented the portrait of Dr. Gonzalo E. Aponte to the College. At thirty-eight Dr. Aponte became one of the youngest men ever to head a Jefferson department when he was appointed Professor and Chairman of the Department of Pathology and Director of the Clinical Laboratories in 1967.

He interned at Jefferson and has been associated with the College during most of the nineteen years since his graduation in 1952. Dr. Aponte spent two years at the National Cancer Institute as a Research Fellow and then served in the Navy. He returned to Jefferson in 1959 as Assistant Professor of Pathology and was promoted to Associate Professor in 1963. A 1960 Markle Scholar, Dr. Aponte received the Christian and Mary Lindback Award for Distinguished Teaching in 1962 and, in 1967, was

named Clinical Scientist of the Year by the Association of Clinical Scientists.

Dr. Russell W. Schaedler, '53, Professor and Chairman of the Department of Microbiology, gave the biography of Dr. Aponte at the portrait presentation in McClellan Hall. Dr. Schaedler touched on many aspects of Dr. Aponte's career in his speech. He spoke of his early days in Santurce, Puerto Rico and at Georgetown University in Washington, D.C.

When he graduated from Jefferson, Dr. Aponte was at the top of his class with nine awards for scholarship and was President of the Alpha Omega Alpha honorary fraternity as well. Neither then nor later were Dr. Aponte's interests confined to his own field. He has published articles on all fields of medicine and is particularly interested in the history of medicine especially that connected

with Jefferson.

In conclusion Dr. Schaedler described the scope of Dr. Aponte's many activities, "Dr. Aponte cannot waste time and must be an able administrator to fulfill his many commitments — his teaching, his research, his responsibilities as Chairman of the Department and Pathologist to the Hospital and his vast commitments to reading." Summing up the overall direction of Dr. Aponte's career Dr. Schaedler said, "Thus, Dr. Aponte's whole life has essentially been built around the academe—his tremendous knowledge and work in the area of pathology and medicine in general, his profound interest in the history of medicine, the consuming passion with the teaching of medical students and all centered around Jefferson—for there has been no more loyal Jeffersonian than Dr. Aponte."

Acknowledging the standing ovation in the packed hall, Dr. Aponte told the class of 1971, "For this unique joy of May the fifth 1971 will never come again for me—here, there, or anywhere; now, then, or evermore . . . Unforgettable, that's what you will be! Be assured that the memory of you will be long within me—with rare tenderness and increasing pride, as I am also sure that your lives soon will begin to add uninterrupted honor to the past, present, and future glory of the profession of Medicine and of Jefferson Medical College."

Dr. William F. Kellow, Dean of the College, accepted the portrait for the College and told the class that their choice was a tribute to their good judgment. Dr. Peter A. Herbut, President of Thomas Jefferson University, accepted the portrait on behalf of the Board of Trustees. Closing remarks were made by Class President James E. Barone. Terrence S. Carden served as Chairman of this year's Portrait Committee. Robert O. Skemp painted the portrait of Dr. Aponte, his third for Jefferson's collection.



class notes

1915

Dr. Edward I. Salisbury, 539 Manhasset Woods Rd., Plandome, N.Y., and his wife recently returned from a trip to areas where they had lived while working for the United Fruit Company. They took a tramp steamer to Panama and returned via the western coast of Costa Rica where Dr. Salisbury had supervised the building of several hospitals.

1919

Dr. George A. F. Lundberg, 223 East Center St., Manchester, Conn., was among eleven fifty-year members honored by the Connecticut State Medical Society. Dr. Lundberg is the only living member of the original staff of fourteen doctors at Manchester Memorial Hospital in 1920. Last June he was named an honorary director of the Heart Association of Greater Hartford.

1920

Dr. Harold J. Collins, 138 Main St., Brockport, N.Y., has retired because of ill health.

Dr. Cesar Dominquez, 1900 S. W. 21st St., Miami, Fla., was unable to attend his fiftieth reunion because of illness "but spiritually was there celebrating with all of you."

1923

Dr. William C. Wilentz, 188 Market St., Perth Amboy, N.J., retired on June 1 as Medical Examiner of Middlesex County. He held this post for thirty-eight years.

1924

Dr. Robert K. Y. Dusenberre, Box 52 R.D. #1, Wellsboro, Pa., sends the following note to classmates. "Feeling better, not savage, just irascible. Don't visit me until you've contributed to Annual Giving. Am seventy but don't feel a day older than sixty-nine." Dr. Dusenberre spends four months each winter in Yankeetown, Florida.

1927

Dr. John H. Gibbon, Jr., Lynfield Farms, 2103 N. Providence Rd., Media, Pa., the Samuel D. Gross Emeritus Professor of Surgery, was guest of honor at the April centennial of Gibbon, a Nebraska town named For Dr. Gibbon's great-uncle, Civil War General John Gibbon.

1928

Dr. John F. Barr, 340 E. 11th St., Ottawa, Kan., sends word that he is semi-retired and not working very hard. While vaca-

tioning in Phoenix he and Mrs. Barr visited classmate **Dr. Lerleen C. Hatch** in Scottsdale. Dr. Hatch's hobby is woodcarving.

Dr. Meyer Q. Lavelle, 4169 6th Ave., San Diego, Calif., writes "Mrs. Lavelle and I are keeping well and really having a ball in our retirement. Still keeping abreast of the latest in medicine by attending medical conferences at the University of California Medical School in San Diego."

1930

Dr. Marshall Lieber, 106 Frontena, Margate, N.J., formerly of Pittsburgh, Pa., has been appointed pathologist at the William B. Kessler Hospital, Hammonton, New Jersey.

Dr. Paul P. Riggle, 407 N. Wade Ave., Washington, Pa., represented Jefferson at the April inauguration of Dr. Howard J. Burnett as tenth President of Washington and Jefferson College in Washington, Pa. Robert H. Finch, Special Assistant to the President of the United States, was guest speaker at the inauguration.

1932

Dr. Francis F. Fortin, 40 Pondview Dr., Springfield, Mass., is still busy with gynecology and gyn surgery although he has given up obstetrics.

1936

Dr. Gabriel E. DeCicco, 4501 Market at Maple, Youngstown, Ohio, was elected President of the Youngstown Hospital Association's clinical staff last spring.

1937

Dr. T. Henry Dickerson, Martinsville, Va., was installed as a Fellow of the Industrial Medical Association at the organization's 56th meeting in Atlanta, Georgia.

Dr. Robert P. Waterhouse, 6830 Crittenden St., Philadelphia, is practicing internal medicine in the Germantown area. His son, Bob, graduated from Jefferson in June and moved to Portland for an internship at the Maine Medical Center. His daughter, Claire, is married and is Assistant Vice President in the International Department of Fidelity Bank in Philadelphia. Mrs. Waterhouse died in 1968.

1938

Dr. Robert J. Anzinger, 1669 Cedar Ave., Cincinnati, Ohio, reports that he still maintains a solo practice in internal medicine in Cincinnati.

class notes



Dr. Motsay

Dr. Dominic S. Motsay, 305 Chemung St., Waverly, N.Y., is Chairman of the Board of Managers of the Guthrie Clinic Limited in Sayre, Pennsylvania. A sixty member professional corporation, the Clinic is one of the oldest group practices in the East dating back to 1910. Dr. Motsay directs the Foundation for Medical Education and Research and the Donald Guthrie Medical Center at the Clinic. He is also Chief of Pediatrics at the Guthrie Clinic and at the adjacent Robert Packer Hospital.

1939

Dr. Morris Parmet, 40 Dogwood La., Princeton, N.J., reports that he and his wife are in the joint practice of child psychiatry and family counselling in Princeton. Their son, Phil is a filmmaker and their daughter, Carolyn is working toward a doctorate in clinical psychology.

Dr. Nicholas E. Patrick, 37 College Ave., Factoryville, Pa., remarried in 1970.

Dr. Henry H. Stroud, 708 Ashford Rd., Wilmington, Del., joined the Alfred I. du Pont Institute of the Nemours Foundation on July first.

1940

Dr. Edward G. Osborn, 1450 Haddon Ave., Camden, N.J., has been appointed to the New Jersey State Board of Medical Examiners by Governor Cahill. Dr. Osborn is Chief Surgeon at Our Lady of Lourdes Hospital.

Dr. Albert E. Welsh, Jr., 4717 Leiper St., Philadelphia, reports that his nephew, Gerard Berry, will enter Jefferson this fall.

1941

Dr. Richard T. Smith, 37 Narbrook Park, Narberth, Pa., was awarded an honorary Doctor of Science degree at the Annual June Commencement of Lebanon Valley College, his undergraduate school in Annville, Pennsylvania. Current Mayor of Narberth, Dr. Smith is Associate Director of Professional Communications at Merck, Sharp and Dohme and is in charge of answering all questions from physicians throughout the nation. Dr. Smith was Chief of the Arthritis Clinic at Jefferson. He has been Vice President and Treasurer of the American Society of Clinical Pharmacology and Therapeutics.



Dr. Smith (center) receives honorary degree from President of Lebanon Valley College, Frederick P. Sample. Marshal Frank E. Stachow arranges hood.

medical society presidency



Dr. Davis

The following interview with Dr. E. Vernon Davis '30, recently elected president of the Medical Society of New Jersey, is reprinted through the courtesy of the Newark Star Ledger.

Public confidence in the medical profession is being undermined by loss of the old-fashioned bedside manner and the fact that some physicians are charging their patients too much.

This is the opinion of Dr. E. Vernon Davis of Moorestown, the newly elected President of the Medical Society of New Jersey.

Dr. Davis said also that more doctors should attempt to regain a personal approach to a patient's problems.

"The old relationship with the physician—that's gone," he said.

"I've always wanted to be just an old country doctor and always will want to be just that," Dr. Davis said. "I say every specialist should be a general practitioner for three years before entering his specialty; they really need to get down to the grass roots."

Dr. Davis continued: "I've been called the 'lone practitioner' because I've always charged what I thought my patient could afford. I worked hard to get through college and I have respect for those in need."

"But the lay people demanded specialists, became fearful of going to someone unless he was a specialist. They were given what they wanted and now they don't want it."

Dr. Davis, a mild-mannered man with an obvious sense of humor, graduated from Jefferson Medical College in Philadelphia in 1930. He interned at Cooper Hospital in Camden and entered general practice in Vincentown.

During World War II he specialized in orthopedics while serving at Army hospitals in this country. He continues today in that field with his office in Mount Holly.

He lives with his wife, Martha Jane, and has two children from an earlier marriage—James Edward, a mechanic with TWA in Kansas City and Mrs. Joan Jackson of Edgewater Park.

Dr. Davis' first wife died of cancer so he has a particular interest in seeing the dread disease conquered.

"It is one of the killers of the universe," he said. "However, the funds proposed by President Nixon to do cancer research is a hell of a lot of money. It seems like too much money added to what is already being spent considering the programs that are underway."

He said he has no pet peeve, but repeatedly returned the interview to the old patient-doctor relationship.

Dr. Davis went on: "That old relationship between the physician and the patient was important to recoveries. The times in which we are living have probably multiplied by the millions the number of psychosomatic diseases so that the need is greater than ever for a more personal relationship with the physician."

"My father used to say if you have no faith in yourself no one else will have any faith in you."

"I think also that today many people are losing faith in their own capabilities."

Dr. Davis said the basic thrust of the medical society this year will be to encourage paramedical personnel, such as practical and graduate nurses and technicians, to enter the field.

"There has been a great deal of effort to get young people to study medicine, including lending them money to do so," Dr. Davis said. "But more must be done because there is a hell of a need for them."

Dr. Davis said his most gratifying experience as a physician over the years has come from working with cerebral palsied children "because of my love for kids. I've gotten as much of a kick working with them as from anything."

He said alcoholism and drugs have become a major problem today and venereal disease is "really on a rampage."

As far as claims of preventive medicine to someday prolong man's life by many years, he said: "The Good Book says man is guaranteed three score years and ten and I believe the Good Book. I can't help but think most people will die before 70 and that those who go on longer are just lucky."

1942

Dr. William G. Ridgway, 104 S. 9th St., Akron, Pa., has been named to the Advisory Board of the Akron Office of the Fulton National Bank.

1944S

Dr. George McFarren Kiebler, 310 Tejon Pl., Palos Verdes Estates, Calif., was the subject of a lengthy profile in *The Palos Verdes Social Review* which was subsequently reprinted in the *Saltsburg Press*. In tribute to Dr. Kiebler, the article concluded: "... we are glad you found Palos Verdes twenty years ago and stayed to give us your ear, your heart, and your skill."

Dr. Richard H. Ross has begun a year's tour of duty as Surgeon HQ U.S. Army Vietnam and Commander of the U.S. Army Medical Command, Vietnam. The latter commands all the medical units not part of the combat divisions or hospitals totaling 2600 beds.

1944J

Dr. Raymond A. McCormack, Jr., 433-435 Bellevue Ave., Trenton, N.J., was elected President of the Mercer Hospital medical staff last March. Dr. McCormack serves as Attending Surgeon at Mercer and at the Trenton Psychiatric Hospital.

1945

Dr. Jose L. Garcia-Oller, 3401 Nashville, New Orleans, La., is Founder and President of the American Association of Councils of Medical Staffs, an organization conceived as a means of reaching every physician in an area for opinion and vote on important medical issues. The first council was founded in the New Orleans area in 1968 and since then a number of others have been formed in neighboring states. In May Dr. Garcia-Oller spoke in Philadelphia about the project.

Dr. John S. Madara, 31 Market St., Salem, N.J., has passed the Board Examinations for American Board of Family Practice. (He also sent word that classmate **Harry Fullerton** did the same.)

1947

Dr. Joseph N. Aceto, 104 Meadow Lane, Wheeling, W. Va., was named a Fellow of the American College of Radiology at the organization's annual meeting in St. Louis in March. Dr. Aceto is affiliated with the Ohio Valley General and Martins Ferry Hospitals.

Dr. Robert F. Babskie, 246 E. Washington St., Nanticoke, Pa., has been named acting Regional Director for Mental Health and Mental Retardation by the Department of Public Welfare-Region 2. Dr. Babskie is Superintendent of the Retreat State Hospital.



Dr. John J. Dowling recipient of the Christian R. and Mary F. Lindback Award for Distinguished Teaching (see page 42 for story.)

Dr. Gail G. L. Li, 1523 Kalakau Ave., Suite 3, Honolulu, Hi., recently entertained two classmates, **Doctors Edward A. Kelley** and **John J. Meehan** when they visited Hawaii with their wives. Dr. Li is looking forward to visiting Philadelphia in 1972 for his twenty-fifth reunion.

Dr. Charles E. Miller, 300 High St., Hackettstown, N.J., is a Diplomat of the American Board of Family Practice and one of its Charter Members.

1948

Dr. Charles C. Goodman, 76 Middle Rd., East Greenwich, R.I., was appointed last fall Assistant Director to the newly-created Department of Mental Health, Retardation and Hospitals of the State of Rhode Island. He heads the Division of Mental Health which is "responsible for all in-and-out-patient facilities and state subsidized community based programs." Dr. Goodman was previously Deputy Commissioner of Mental Health in the Pennsylvania Department of Public Welfare.

SEAVIEW REUNION

The 23rd ANNUAL REUNION of the CLASS of 1948 was held May 28 through 31, 1971 at Seaview Country Club in Absecon, New Jersey. Twenty-seven Classmates and their families attended a wonderful week-end of golf, tennis, cocktail parties, swimming (indoors) mixed with good fellowship and a little bit of rain. The Annual Golf Tournament, under the professional guidance of one-putt DePersia, was played on the Bay course. The Best Golfer Trophy was won by never-in-the-trap McBride with the second cup going to its former winner, three-putt Lancaster from the town of the same name. The Steinmetz System was used on all fairways. On Saturday evening a cocktail party and dance was held in the successful manner. Plans for the 24th Reunion call for a mid-winter reunion in the warm sun. Specific details to be worked out in the fall.



Class of 1948 does it again with a reunion at Seaview Country Club over Memorial Day weekend.

1949

Dr. Henry M. Perry, 706 N. Davis, Bloomfield, Iowa, saw **Bob Schultz** in Cleveland in November 1970 while attending a meeting at the Cleveland Clinic and sees **John Rawls** (1954) and **Dick Hastings** (1947) frequently in Ottawa, Iowa.

1951

Dr. Jasper Chen-See, 2147 Perkiomen Ave., Reading, Pa., is Director of Quality Control Medical Laboratories, Inc., and Chief Pathologist at St. Joseph's Hospital in Reading. He also serves as Consulting Pathologist at Wernersville State Hospital and Ashland State Hospital and is Assistant Professor of Pathology at Jeff.

Dr. Lester E. McGeary, 448 Ridge Ave., New Kensington, Pa., reports that his son Jim will enter Jeff in the fall.

1952

Dr. Robert A. Ebersole, 319 Holland St., Archbold, Ohio, recommends Archbold to the surgeon or general practitioner interested in a small-town practice. A wealthy community with a population of 3,000, Archbold has a large number of food and manufacturing industries, but they are not of the type which would pollute the environment. A new 100-bed hospital opened in Archbold in March. Skiing, hunting, fishing, tennis, golf, swimming, and hiking are all easily available in the fifteen-mile area around Archbold.

Dr. Herbert A. Saltzman, University of California, San Diego, BBS Rm. 5040, La Jolla, Calif., taught at the University of California this year as a Visiting Professor of Medicine while on sabbatical from his regular position as Professor of Medicine and Director of the F. G. Hall Laboratory For Environmental Research at Duke University Medical Center.

1954

Dr. Earle T. Lewis, 333 Radnor Chester Rd., Villanova, has been appointed Director of the Medical Communications Division of the newly created Medical Affairs Department at Wyeth Laboratories. Dr. Lewis joined Wyeth's Medical Division in 1965 as a staff physician and was appointed Associate Director of Medical Communications in 1968.

In his new position Dr. Lewis will maintain liaison with the company's Department of Clinical Investigation, its Marketing Department and other interrelated functions. The Medical Communications Division will review and approve labeling, advertising and promotional material for compliance with governmental regulations, will maintain contact with various medical and pharmaceutical organizations and will be responsible for correspondence of a general medical nature concerning marketed products.

Dr. and Mrs. Lewis have three daughters, Kathy, Becky and Lissa.



Dr. Yale

Dr. John S. Purnell, Jr., Hahnemann Hospital, 230 N. Broad, Philadelphia, has just completed a two year anesthesiology residency at Hahnemann and will remain there for another year as an instructor.

1956

Dr. John B. Davies, 3901 Terry Place, Alexandria, Va., was elected to a two year term as Chief of the Psychiatric Staff at Alexandria Hospital last January. He also is on the Advisory Board of the city Mental Hygiene Clinic, the Executive Committee of the Hospital and is aiding in the organization of a city "hot line."

Dr. Kenneth H. Soll, 1604 Juniper Ave., Elkins Park, Pa., has been appointed head of the Department of Radiology at Frankford Hospital.



Dr. Lewis

Dr. Noyes E. Yale, Jr., 6 Oak Ave., Tenafly, N.J., is serving as Coordinator of the Drug Abuse Program at Englewood Hospital and is Chairman of the Drug Abuse Committee of the Bergen County Medical Society. He has a private practice of internal medicine and adolescent medicine in Englewood. The Yales have four children.

Dr. Henry H. L. Yim, 45-939 Kamehameha Hwy., Kaneohe, Oahu, Hi., is currently serving as Acting Medical Director of Children's Hospital, Honolulu while carrying on a fulltime practice in pediatrics.

1957

Dr. Anthony C. Gigliotti, 618 E. South St., Orlando, Fla., is in the private practice of neurology in Orlando.

Dr. John E. Hester, III, has joined the Psychiatry and Neurology Service Staff at the Fort Meade V. A. Hospital in Fort George G. Meade, Md. Dr. Hester was previously Staff Psychiatrist at Santa Cruz Mental Health Services, Santa Cruz, Calif. The Hesters have three children, two boys and a girl.

Dr. Thomas R. Mainzer, 1730 Washington St., Huntingdon, Pa., has been named a Fellow of the American College of Surgeons. Dr. Mainzer has been in the private practice of general surgery since his release from the Navy in '65.

Dr. Walter R. Morgan, 306 Maplecrest Ave., Lakewood, N.Y., has been certified by the American Board of Urology.

Dr. Rudolph W. Pavich, 1128 Dithridge Dr., Johnstown, Pa., was installed as a Fellow of the Industrial Medical Association this spring.

Dr. Emil S. Trellis, 2242 Beechwood Blvd., Pittsburgh, Pa., is currently Assistant Director of WPIC in Pittsburgh and Director of the Shadyside-Squirrel Hill Community Mental Health Team. In these capacities he directs a prevention-oriented program for adolescents.

1958

Dr. Norman A. Fogel, 909 Interama Blvd., N. Miami Beach, Fla., has given up his old office and moved into new and larger quarters for the practice of dermatology.

Dr. Jay A. Kern, 600 N. Edgemere Dr., Asbury Park, N.J., has been appointed Director of Gastroenterology at the Monmouth Medical Center, Long Branch, N.J. Monmouth recently became a teaching affiliate of Hahnemann.

Dr. Thomas F. McGarry, 10885 Crestmont, Philadelphia, has been made a Diplomate in Cardiovascular Disease and a Fellow of the American College of Physicians.

Dr. Lloyd G. Plummer, 318 Main St., Latrobe, Pa., has been certified as a Diplomate of the American Board of Ob-Gyn.

Dr. John E. Thomas, Mt. Bethel, Pa., has been appointed a full time physician at the

Harveys Lake Noxen Health Center. The Health Center is financed by a grant from the U.S. Office of Economic Opportunity and is focusing on new ways of delivering health services to residents of rural areas.

Dr. William J. Thomas, Saddle Ridge Rd., Dover, Mass., is actively involved in administrative psychiatry as Assistant Superintendent at Melfield State Hospital. He also maintains a large private psychiatric practice in Dover.

1959

Dr. James A. Baldauf, 2060 Duke St., Anchorage, Ak., has been living in Anchorage since 1969. He is specializing in cardiology and currently establishing a cardiac catheterization laboratory. In his spare time, he is "slowly and painfully becoming a master skier."

Dr. Kenneth M. Blanc, 1404 Georgian Dr., Moorestown, N.J., writes that he still maintains a solo general surgical practice at Rancocas Valley Hospital in Willingboro, New Jersey.

Dr. Walter S. Bloes, 9 Old Mill Rd., Woodland Acres, Jermy, Pa., and his wife announce the birth of their fourth child, Suzanne Shaffer, on April 14, 1971.

Dr. Harold L. Blumenthal, 24096 Greenlawn, Beachwood, Ohio, went to London this April to visit St. John's Hospital for Diseases of the Skin. Dr. Blumenthal practices dermatology in Cleveland.

Dr. James V. Gainer, Jr., 114 McDonald St., Kingwood, W.Va., started a residency in neurosurgery at the West Virginia School of Medicine last year.

Dr. Pasqualino Ioffreda, 78 Harrison Ave., Highland Park, N.J., has been named a Diplomate of the American Board of Urology. Dr. Ioffreda is on the staffs of Middlesex General Hospital, St. Peter's General Hospital, and John F. Kennedy Hospital, Edison, New Jersey.

Dr. Lawrence J. Mellon, Jr., 845 Kedron St., Morton, Pa. recently was installed as a Fellow of the Industrial Medical Association.

Dr. Gerald E. Vanston, St. Mary's Hospital, Huntington, W.Va., was appointed coroner of Cabell County, Pa., last spring. Dr. Vanston is the father of three, two boys and a girl.

1960

Dr. John N. Giacobbo, 2400 S. 21st St., Philadelphia, has been appointed Director of Medical Education at Methodist Hospital, Philadelphia. Dr. Giacobbo was Chief of Pediatrics at Methodist for five years.

Dr. William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., is Staff Physician with the Philadelphia Electric Company. He and his wife, Claire, have "three growing children, ages four, eight and nine."

Dr. Edward B. Lipp, Jr., writes that he is back in Hawaii and enjoying it very much. Dr. Lipp is presently serving as Assistant Chief of Orthopedics at Tripler Army Medical Center. The Lipps have four children.

Dr. Luke G. Tedeschi, 939 Edmands Rd., Framingham Ctr., Mass., maintains a lively home with three small boys, two horses and cats, one dog, and many goldfish. He works as Chief Pathologist at Framingham Union Hospital and Associate Professor of Pathology at Boston University School of Medicine.



Dr. Watson

Dr. Ulysses E. Watson, Medical Director, Friends Hospital, Roosevelt Blvd. & Adams Ave., Philadelphia, has been named to a four-year term on the NIMH Hospital Improvement Program Committee. The committee reviews applications for hospital improvement grants for programs in state mental hospitals. Dr. Watson was Director of Medical Services at Norristown State Hospital before joining the staff at Friends in 1968. He has also served as Chairman of the Credentials Committee of the Pennsylvania Medical Society and is now Clinical Assistant Professor of Psychiatry at Hahnemann Medical College.

Dr. Arnold H. Weinstein, 10 Mott Ave., Norwalk, Conn., has been made a Diplomate of the American Board of Urology.

Dr. Robert A. Weiss, 701 El Prado Dr., West, San Antonio, Tex., now practices internal medicine in San Antonio.

1961

Dr. Louis Brown, 136 Mohawk, West Hartford, Conn., started a private practice in thoracic surgery last year.

Dr. James E. Herlocher, 2775 Heatherway St., Ann Arbor, Mich., has been Board Certified in thoracic surgery. He is affiliated with the University of Michigan and has a private practice in Ann Arbor.

Dr. Harlan D. Sponaugle, 3405 County St., Portsmouth, Va., has left the Navy and opened a private practice in ophthalmology in Portsmouth.

Dr. Benjamin Wolfson, 404 W. Maple Ave., Merchantville, N.J., has been appointed Medical Director of the Psychiatric Clinic for Gloucester County in Woodbury, New Jersey.

1962

Dr. Charles W. Anderson, 4983 Valkeith St., Houston, Tex., is at Baylor for a four year residency in Internal Medicine and a Cardiology Fellowship. He had been living in Asheville, North Carolina.

Dr. John A. Forchetti, 1610 Cobblestone Ct., Chesterton, Ind., recently passed Family Practice Boards and is enjoying practice in the small town of 4,000. He and his wife have four children ages five months to nine years.

Dr. Robert C. Nuss, 401 Strath Haven Ave., Swarthmore, Pa., was made a Fellow of the American College of Ob-Gyn last May.

Dr. Herbert Perlman, 10 Arthur's Round Table, Wynnewood, Pa., is Assistant Professor of Diagnostic Radiology at Hahnemann Medical College Hospital.

Dr. Avrom Carl Segal, 5222 Eliot's Oak Rd., Columbia, Md., is working as Chief of the Department of Psychiatry at Walter Reed Army Institute of Research.

1963

Dr. Marshall T. Bagley, Rt. #1, Box 250, Nokesville, Va., now runs two offices in Virginia for the practice of urology and genito-urinary surgery.

Dr. Dale C. Brentlinger, 519 Macon Ave., Canon City, Colo., has passed the American Board of Internal Medicine examinations and is Board Certified.

Dr. Arthur F. Foster, 470 Mount Ave., N. Caldwell, N.J., writes that he is practicing pediatric allergy in Belleville, New Jersey.

Dr. Paul J. Hull, 629 South First Ave., Covina, Calif., saw **Ted Verbinski** at a Jeff party in San Francisco.

Dr. Bruce K. Leinweber, 925 Huntingdon Pike, Huntingdon Valley, Pa., became a Fellow of the American College of Ob-Gyn this spring.

Dr. Sandor F. Lipschultz, 2600 Alameda St., Vallejo, Calif., has left Stanford University Hospital to go to the Department of Dermatology at Kaiser Foundation Hospital in Vallejo.

Dr. Frank P. Petrovich, 8624 Teal Ave., Philadelphia, has been named Co-Director of the Department of Radiology at Frankford Hospital. He received his residency training at Hahnemann Hospital where he remains as a staff member. The Petrovichs have two children, Laura and Eric.

1964

Dr. Samuel J. Amuso has been Board Certified by the American Academy of Orthopedic Surgery. Dr. Amuso was discharged from the Air Force in July and is now in private practice in Harrisburg.

Dr. Henry I. Babitt, 4623 Hawksbury Rd., Baltimore, Md., writes that the Babitts now have one child, a girl, Karen Lisa, who will soon celebrate her first birthday.

Dr. Edwin L. Downing, 1032 Bowen St., Oshkosh, Wisc., finished his ophthalmology residency at Hines VA Hospital in Illinois and has begun a solo practice in Oshkosh.

Dr. George E. Fleming, 4808 Bradford Dr., Annandale, Va., completed his residency at National Medical Center in July and will head the Department of Anesthesiology at Camp Lejeune, N.C. for the next two years.

Dr. William M. Fogel, 930 N.E. 182nd Ter., N. Miami Beach, is in a private practice of radiology at North Shore Hospital in Miami and writes that he is "boarded and finished—thank God!"

Dr. Stephen R. Graves, 3029 Ludlow Rd., Shaker Heights, Ohio, writes that he is busy with his practice in internal medicine and doing home repairs on the side.

Dr. Don B. Knapp, II, Box 39, Tripler Army Medical Ctr., APO San Francisco, Calif., is now stationed in Hawaii after an eighteen-month tour of duty in Japan. Dr. Knapp will begin a private practice in ophthalmology when he leaves the Army in '72.

Dr. Thomas J. Leavitt has left New York to take up a position on the West Coast as Director of Pediatric Hematology at the Oakland Children's Hospital. The Leavitts now have three children. Dr. Leavitt's address is Director, Pediatric Hematology, Children's Hospital, 51st & Grove St., Oakland, California.

Dr. Stanley J. Yoder, 25 Oak St., Danville, Pa., writes that he is spending his fourth year in orthopedic surgery residency at State Hospital for Crippled Children in Elizabethtown, Pennsylvania.

1965

Dr. Edward R. Corcoran, Jr., 3814 Euclid Ave., Apt. 23, Tampa, Fla., is in ob-gyn at Florida's MacDill Air Force Base. Dr. Corcoran married Miss Jane Wingender last October.

Dr. John A. Hildreth, 3865 N.W. 57th Pl., Miami Springs, Fla., is opening a practice in North Palm Beach, Florida, with two other Jeff grads, **Dr. John A. Swenson '57**, a cardiologist, and **Dr. Dean D. Mergenthaler '60**, a specialist in pulmonary medicine. Dr. Hildreth is a general practitioner.

Dr. Richard A. King will return to the University of Minnesota in August as an Instructor in the Department of Medicine and the Department of Human and Oral Ge-

netics. He has spent the last two years in Japan with the Atomic Bomb Casualty Commission.

Dr. Allen S. Laub, 145 Kearsing Pkwy., Monsey, N.Y., has started a pediatric private practice with two partners in Rockland County, New York.

Dr. Robert V. Miller, Cooper River Plaza, Apt. 602-E, Pennsauken, N.J., joined the medical staff of Millville Hospital, Millville, New Jersey, after completing a four-year residency in ophthalmology at Wills Eye Hospital.

Dr. William F. Renzulli, 1904 Van Buren St., Wilmington, Del., opened a practice specializing in internal medicine in Wilmington.

Dr. Harvey Slater, 5037 Somerville St., Pittsburgh, Pa., is in his fourth year of general surgery residency at West Penn Hospital. The Slaters have year-old twin boys.

1966

Dr. Joseph B. Doto, Jr., 544 Pine Tree Rd., Jenkintown, Pa., will join the anesthesiology staff at Jefferson Hospital when he finishes his residency in July.

Dr. David J. Jenkins, 34 Scotch Rd., Trenton, N.J., writes that he is firmly entrenched in a Family Practice in the Trenton area.

Dr. James N. Judson, 722 Redman Ave., Haddonfield, N.J., finished his residency in orthopedic surgery at Jefferson in June. Tentative plans had him assigned to Guam for two years with the Navy. The Judsons have two daughters, Catherine and Sara.

Dr. Donald J. Kearney, 6787 Ballinger Ave., San Diego, Calif., has been certified as a Diplomate in Internal Medicine. The Kearneys are expecting their third child in October.

Dr. William D. Lerner, who was Chief Resident in Medicine at the University of Missouri, was considering a faculty appointment there or a return to the East Coast.

Dr. Stanley Z. Nosheny, 1525 Woodmont Dr., Columbia, S.C., is currently stationed at Fort Jackson Army Hospital with the rank of Major. Dr. Nosheny is married and has two children.

Dr. Charles L. Woodruff completed a radiology residency in July and is now stationed at the Redstone Arsenal Army Base in Alabama. His street address there is 371 Roberts Drive.

1967

Dr. Clifford C. Kuhn, 525 Fifth St., Ann Arbor, Mich., is chief resident in psychiatry at the University of Michigan Hospital. Dr. Kuhn is now in his fourth year of residency.

Dr. Stanton I. Moldovan, 220 Loraine Ave., Cincinnati, Ohio, will be stationed for two

years as a psychiatrist at the Charleston Naval Hospital in South Carolina.

Dr. Franklin J. Rothermel, 1440 Sheridan St., Camden, N.J., has completed his third year of a radiology residency at Jefferson. He and wife, Essie, are proud parents of a son Jeffrey.

1968

Dr. John L. Berardinelli, Children's Hospital of Pittsburgh, 125 DeSoto St., Pittsburgh, Pa., has been named Chief Resident at Children's Hospital.

Dr. Richard L. Davies, 1719—38th St., Sacramento, Calif., recently began a residency in internal medicine at San Joaquin County Hospital in Stockton, California.

Dr. Albert R. Francesconi, 2907 Royden St., Camden, N.J., is a Captain in the U.S. Army stationed at Fort Bragg, North Carolina.

Dr. Bruce L. Stevens, 108 Georgetown Rd., Turnersville, N.J., is in the third year of a radiology residency at Philadelphia Naval Hospital.

Dr. Russell J. Stumacher is serving his second year of duty at the Boston Naval Hospital. Dr. Stumacher was previously stationed on the U.S.S. *Sanctuary* in Da Nang. The *Sanctuary* was the last Naval hospital vessel in Vietnam and has since been decommissioned.

Dr. Charles J. Zwerling, 762 Greens Ave., Long Branch, N.J., finished his second year of a surgical residency at the Monmouth Medical Center last month. The Zwerlings became the parents of a first son, Alan Eric, in December.

1969

Drs. John and Elizabeth S. Bussard, 9 King Arthurs Way, Newington, Conn., are both finishing their first year as residents in anesthesiology at Hartford Hospital in Connecticut.

Dr. Robert W. Egdell, 2104-A Haven Rd., Wilmington, Del., is at the Wilmington Medical Center doing a residency in ob-gyn.

Dr. David F. Henderson, Box 473, New Town, N.D., joined the Indian Health Service at Fort Berthold in July 1970.

1970

Dr. Joseph Comfort began his residency in anesthesiology at Jeff in July.

Dr. Allen B. Davis, Oak Hill Apt. E-211, Hagy's Ford Rd., N., Penn Valley, Pa., recently started a general surgical residency at Jeff. Dr. Davis and his wife celebrated their first anniversary this spring.

Dr. James M. Neubeck, 1222 Vincent St., Flint, Mich., plans to remain in Flint for a residency in Ob-Gyn. He calls **Dr. R. Roderic Abbott, Jr., '52**, "best physician in Flint."

Obituary

J. Norman White, 1904

Died in his Scranton home at the age of ninety-four, June 6, 1971. One of Scranton's best-known surgeons Dr. White was Senior Surgeon at West Side Hospital for twenty-five years and served as Chief Surgeon at Moses Taylor Hospital from 1934 until 1946. Dr. White was also on the staffs of Mid-Valley, Fairview State and Stroudsburg Hospitals. A past President of the Lackawanna County Medical Society Dr. White was a member of the group which helped organize the Medical Arts Building in Scranton. He was elected President of the Old Pennsylvania Trust Company in 1942 and was also a past President of the United Churches of Lackawanna County. He is survived by his wife, Alice, and a daughter.

Ralph C. Kell, 1905

Died April 24, 1971 in Paoli, Pa., at the age of eighty-eight. A pioneer in the use of psychiatry in industry, Dr. Kell served as neuropsychiatrist for the Pennsylvania Railroad from 1928 until his retirement in 1954. During the 1940's, Dr. Kell was a member of a Mayor's Committee that investigated Byberry, then city-operated, and other mental institutions. In addition Dr. Kell was Visiting Chief of Psychiatry at Philadelphia General Hospital. He is survived by his wife and a daughter.

George C. Knoll, 1908

Died February 5, 1971.

Edgar L. Sowden, 1911

Died December 16, 1970.

Frank S. Bonnell, 1913

Died March 25, 1971 aged eighty-six in Fairfield, Iowa. For thirty-five years Dr. Bonnell served his community as an eye, ear, nose and throat specialist. A daughter, a sister and a brother survive him.

Ethelburt Fairbanks, 1918

Died March 4, 1971 in Salt Lake City, Utah.

Creed C. Glass, 1919

Died April 20, 1971 at Meyersdale, Pa. Dr. Glass started his practice in Meyersdale in 1920 and established the community's first hospital. He was named Citizen of the Year by the Rotary in 1963. Surviving are his wife, Hazel, two daughters and a son.

Guy H. Barnd, 1923

Died January 1, 1971 at the age of seventy-seven in Williamstown, Pa.

William C. Wilson, 1924

Died March 28, 1971 in Columbia, S.C. Before his retirement Dr. Wilson was Medical Director of the Employers Liability Corporation and the Crown Cork and Seal Company. Surviving are his wife and two sons.

Adrian M. Sample, Jr., 1928

Died April 27, 1971.

George T. Wood, 1928

Died May 6, 1971 at High Point, N.C. Dr. Wood began his surgical practice in High Point in 1935. He served as Chief of that staff at the High Point Memorial Hospital. Dr. Wood was a founder and President of the North Carolina Surgical Society and served as President of the North Carolina Chapter of the American College of Surgeons of which he was a Fellow. During the second World War Dr. Wood served with Jefferson's 38th Evacuation Hospital in England, North Africa and Italy. He is survived by his wife, Harriet, and four sons.

Maurice J. Ward, 1929

Died May 22, 1971 at his home in Merion, Pa. Dr. Ward, a general practitioner, was on the staffs of St. Mary and Holy Redeemer Hospitals and served as Medical Director of the Drueding Infirmary. Surviving are his wife, Edythe, two sons, one of whom is Dr. Maurice J. Ward, Jr., '63, and two daughters.

Joseph D. Brown, 1929

Died April 19, 1971 in Wyncote, Pa. Until he retired in 1965, Dr. Brown practiced in Philadelphia and was on the staff at Jefferson, Chestnut Hill, Roxborough Memorial and Women's Medical College Hospitals.

Clark G. Grazier, 1931

Died March 25, 1971 aged seventy in Glenside, Pa. A retired Navy Captain, Dr. Grazier was Medical Officer on the gunboat *Panay* when it was sunk by the Japanese in the Yangtze River in 1937. He was awarded the Navy Cross for his aid to survivors of the *Panay*. His wife and two sons survive him.

William J. McMartin, 1931

Died March 26, 1971.

Francis B. Boland, 1933

Died April 12, 1971 aged sixty-four. A staff physician at Nazareth and St. Mary's Hospitals, Dr. Boland had a general practice in Philadelphia for over thirty years. Surviving are his wife and six sons.

Edmund V. Matys, 1933

Died March 14, 1971 in Dupont, Pa. A son survives him.

Joseph W. Cooch, 1934

Died March 5, 1971. He is survived by his wife.

Peter V. Hulick, 1936

Died April 7, 1971 in his home in LaCrosse, Wisc. Dr. Hulick served as Chief Radiologist at St. Francis Hospital in LaCrosse and at St. Mary's Hospital, Sparta, Wisconsin. In 1945 he founded the School of Technology at St. Francis Hospital. Surviving are his wife, a daughter and two sons, one of whom, Peter R., is a student at Jefferson, class of '73.

William T. Chain, 1939

Died on March 4, 1971 at the age of fifty-six. Born in Narberth, Dr. Chain practiced there for twenty-six years. For the past several years he had served as health officer for Narberth and was active in the Narberth Volunteer Medical Corps. Dr. Chain was on the staff of Mercy-Catholic Medical Center and Bryn Mawr Hospital. His wife, three sons, and two daughters survive him.

Edward A. Flanigan, Jr., 1941

Died May 11, 1971 at St. Joseph Hospital in Baltimore, Md. Dr. Flanigan was on the staff at that hospital and served as a physician for the Baltimore Police Department. During the war he served as a surgeon for the 101st Airborne Division and received numerous awards and citations. He is survived by his wife, Doris, three daughters and three sons.

Herbert Unterberger, 1945

Died April 5, 1971. An internist and cardiologist, Dr. Unterberger was Chief of Medicine at Delaware County, Haverford General and Haverford State Hospitals. He was Medical Director of the Haverford Nursing and Rehabilitation Center and the Caley Nursing Home. He was an Assistant Professor of Medicine at Women's Medical College. Survivors include his wife, two daughters and a son.

HOSPITAL APPOINTMENTS RECEIVED BY THE CLASS OF 1971

- RICHARD W. ALTREUTER
Hospital of Medical College of Pa.
Veterans Administration
Philadelphia, Pa. 19129
- WARREN APPLEMAN
George Washington University
Washington, D.C. 20037
- ALVAN W. ATKINSON
Medical College of Virginia
Hospital Division
Richmond, Va. 23219
- RICHARD W. BAGGE
U.S. Public Health Service
Baltimore, Md. 21211
- CHRISTOPHER K. BALKANY
Allentown Hospital
Allentown, Pa. 18102
- MARC P. BANNER
Lankenau Hospital
Philadelphia, Pennsylvania 19151
- JAMES E. BARONE
St. Vincent's Hospital and
Medical Center of New York
New York, N.Y. 10011
- ALEXANDER T. BASKOUS
Memorial Medical Center
Corpus Christi, Tex. 78405
- GARY L. BECKER
Bryn Mawr Hospital
Bryn Mawr, Pa. 19010
- JOHN A. BELIS
Mary Hitchcock Memorial Hospital
Hanover, N. H. 03755
- DONALD A. BERGMAN
Mount Sinai Hospital
New York, N.Y. 10029
- R. ANTHONY BESCHER
St. Vincent's Hospital and
Medical Center of New York
New York, N.Y. 10011
- MICHAEL J. BLECKER
St. Vincent's Hospital and
Medical Center of New York
New York, N.Y. 10011
- JOHN W. BLOOM
University Hospitals
Madison, Wis. 53706
- MICHAEL Z. BLUMBERG
New York Hospital-Memorial Hospital
for Cancer and Allied Diseases
New York, N.Y. 10021
- GREGORY P. BORKOWSKI
Cleveland Clinic Hospital
Cleveland, Ohio 44106
- THOMAS R. BORTHWICK
Duke University Medical Center
Durham, N.C. 27706
- LOUIS J. BORUCKI
University of Oregon Medical School
Hospital and Clinics
Portland, Ore. 97201
- BYRON S. BRAID
Lankenau Hospital
Philadelphia, Pa. 19151
- THOMAS A. BRASITUS
Duke University Medical Center
Durham, N.C. 27706
- ARTHUR E. BROWN
Roosevelt Hospital
New York, N.Y. 10019
- SYLVAN BROWN
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107
- GERTRUDE B. BRUNDAGE
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- THOMAS M. BRYAN
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- GARY K. BUFFINGTON
William A. Shands Teaching
Hospital and Clinics
University of Florida
Gainesville, Fla. 32601
- DANIEL J. CALLAHAN
Lankenau Hospital
Philadelphia, Pa. 19151
- PETER M. CARAVELLO
Lankenau Hospital
Philadelphia, Pa. 19151
- TERRENCE S. CARDEN JR.
Duke University Medical Center
Durham, N.C. 27706
- FLOYD M. CASADAY III
Springfield Hospital Medical Center
Springfield, Mass. 01107
- DELVYN C. CASE JR.
North Shore-Memorial Hospital
for Cancer and Allied Diseases
Manhasset, N.Y. 11030
- ROBERT E. CHANDLEE
Chicago Wesley Memorial
Chicago, Ill. 60611
- LAWRENCE J. CHASE
Medical Center Hospitals
Charleston, S.C. 29401
- MILAN D. CHEPKO
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- WILLIAM L. CHOLLAK
Thomas Jefferson University Hospital
- CORA L. CHRISTIAN
Freedmen's Hospital
Washington, D.C. 20001
- RICHARD I. CLEMMER JR.
Bryn Mawr Hospital
Bryn Mawr, Pa. 19010
- VIRGINIA B. CLEMMER
Hospital of the University
of Pennsylvania
Philadelphia, Pa. 19104
- DAVID R. COOPER
Rochester General Hospital
Rochester, N.Y. 14621
- MARY KING CRADDOCK
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107
- HARRY R. CRAMER JR.
Mary Hitchcock Memorial Hospital
Hanover, N.H. 03755
- CAROLYN S. CRAWFORD
St. Christophers Hospital
Philadelphia, Pa. 19133
- DAVID M. DANOFF
Lankenau Hospital
Philadelphia, Pa. 19151
- ROBERT DAVIDSON
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- WILLIAM C. DAVISON
Presbyterian-St. Lukes Hospital
Chicago, Ill. 60612
- GEORGE W. DENNISH III
Naval Hospital
Philadelphia, Pa. 19145
- JUDITH DERASSE
Hahnemann Hospital and College
Philadelphia, Pa. 19102
- THADDEUS J. DMOCHOWSKI
St. Vincents Hospital and
Medical Center of New York
New York, N.Y. 10011
- CAROL A. DOLINSKAS
Harborview Medical Center
Seattle, Wash. 98104
- BRIAN DONNELLY
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107
- JAMES R. DOOLEY
St. Vincents Hospital and
Medical Center of New York
New York, N.Y. 10011
- HARRY A. DOYLE
Pennsylvania Hospital
Philadelphia, Pa. 19107
- SCOTT S. DUFFY
The Reading Hospital
Reading, Pa. 19602
- JOAN P. ECCLESTON
Berkshire Medical Center
Pittsfield, Mass. 01201
- NANCY LINSEY EDWARDS
Chestnut Hill Hospital
Philadelphia, Pa. 19118
- MARY LOU EVITTS
Lincoln Hospital
New York, N.Y. 10454
- EDWIN P. EWING
University of Washington Hospital
Seattle, Wash. 98105
- ROBERT B. FALK JR.
Conemaugh Valley Memorial
Johnstown, Pa. 15905
- HENRY M. FEDER JR.
Hartford Hospital
Hartford, Conn. 06115
- WILLIAM F. FELL JR.
Presbyterian Hospital
Denver, Colo. 80210
- JOHN B. FERGUSON III
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107
- PAUL M. FERNHOFF
Childrens Hospital
Philadelphia, Pa. 19146
- THEODORE W. FETTER
Naval Hospital
San Diego, Cal. 63104
- BRUCE M. FISHBANE
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107
- THOMAS W. FISS JR.
Georgetown University Hospital
Washington, D.C. 20007
- ERVIN S. FLEISHMAN
Pennsylvania Hospital
Philadelphia, Pa. 19107
- BRUCE A. FORREST
William Beaumont General Hospital
El Paso, Tex. 79920
- GEORGE R. FREELAND
Allentown Hospital
Allentown, Pa. 18102

STEPHEN S. FROST
Allentown Hospital
Allentown, Pa. 18102

FRANCISCO J. GARCIA-TORRES
Meadowbrook Hospital
East Meadow, N.Y. 11554

MICHAEL A. GEHA
St. Vincent Hospital
Worcester, Mass. 01610

ARTHUR H. GLASER
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

PHILLIP GLASS
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

ROBERT W. GOLDSTEIN
Grady Memorial Hospital
Atlanta, Ga. 30303

WALTER F. GOODWILLIE
Philadelphia General Hospital
Philadelphia, Pa. 19104

ERIC P. GORMALLY
Prima County General Hospital
Tucson, Ariz. 85713

DANIEL B. GOULD
Georgetown University Medical
Division
District of Columbia General Hospital
Washington, D.C. 20003

STEPHEN R. GRAY
Yale-New Haven Medical Center
New Haven, Conn. 06504

RONALD D. GROSSMAN
Geisinger Medical Center
Danville, Pa. 17821

JACK M. GURALNIK
Georgetown University Hospital
Washington, D.C. 20007

LAWRENCE J. GUZZARDI
St. Vincent's Hospital and
Medical Center of New York
New York City, N.Y. 10011

WILLIAM C. HAMILTON
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

ALVIN C. HELLER
Lankenau Hospital
Philadelphia, Pa. 19151

ROBERT L. HELLMAN
University of Minnesota
Minneapolis, Minn. 55455

DAVID H. HENNESSEY
Good Samaritan Hospital
Cincinnati, Ohio 45220

WILLIAM R. HENRICK
Chestnut Hill Hospital
Philadelphia, Pa. 19118

RONALD H. HIROKAWA
Conemaugh Valley Memorial
Johnstown, Pa. 15905

RONALD A. HOFFMAN
Montefiore Hospital and
Medical Center
New York, N.Y. 10467

DAVID J. HOLZSAGER
Bronx Municipal Hospital Center
New York, N.Y. 10461

JOHN C. IACUZZO
Presbyterian Hospital
New York, N.Y. 10032

ROBERT D. JAMBRO
New York Medical College-
Metropolitan Hospital Center
New York, N.Y. 10029

RUSSELL G. JOHNSTON
Lankenau Hospital
Philadelphia, Pa. 19151

DAVID W. JONES
Presbyterian Medical Center
Denver, Colo. 80218

JEROME W. JORDAN
Geisinger Medical Center
Danville, Pa. 17821

JOSEPH JULIAN JR.
Mount Auburn
Cambridge, Mass. 02138

MILTON P. KALE
Letterman General Hospital
San Francisco, Cal. 94129

JOSEPH C. KAMBE
University Hospital
Boston, Mass. 02118

RICHARD R. KEENE
Youngstown Hospital
Youngstown, Ohio 44501

BARRY R. KLEIN
Allentown Hospital
Allentown, Pa. 18102

GERALD M. KLEIN
University of Miami Affiliated
Hospitals
Miami, Fla. 33124

STEVEN W. KLINMAN
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

LOWELL KOBRIN
Bronx Municipal Hospital Center
New York, N.Y. 10461

ANDREW J. KONTRICK
University of Illinois
Research and Educational Hospitals
Chicago, Ill. 60612

JOSEPH W. KOZIELSKI
Pennsylvania Hospital
Philadelphia, Pa. 19107

EDWARD L. LANGAN III
Lankenau Hospital
Philadelphia, Pa. 19151

MICHAEL J. LECHMAN
Methodist Hospital
Philadelphia, Pa. 19148

CYNTHIA D. LEHR
Beth Israel Hospital
New York, N.Y. 10003

WILMA C. LIGHT
Childrens Hospital of Buffalo
Buffalo, N.Y. 14222

ANTHONY C. LOMBARDI
Hartford Hospital
Hartford, Conn. 06115

ELIZABETH A. LONDON
Duke Medical Center
Durham, N.C. 27706

CLIFFORD W. LYND JR.
York Hospital
York, Pa. 17405

JAMES C. MAAS
Chicago Wesley Memorial Hospital
Chicago, Ill. 60611

PHILIP A. MACY III
Parkland Memorial Hospital
Dallas, Tex. 75235

SHELDON R. MANDEL
Pennsylvania Hospital
Philadelphia, Pa. 19107

STEPHEN H. MARGOLIS
Lankenau Hospital
Philadelphia, Pa. 19151

MICHAEL C. MARGULIES
Abington Memorial Hospital
Abington, Pa. 19001

FRANCIS X. MCBREARTY
Pennsylvania Hospital
Philadelphia, Pa. 19107

JAMES G. MCBRIDE
Allentown Hospital
Allentown, Pa. 18103

THOMAS S. MEBANE III
Santa Barbara Cottage
Santa Barbara, Cal. 93105

SUSAN M. MONK
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

JOHN F. MOTLEY
St. Christophers Hospital
Philadelphia, Pa. 19133

THOMAS F. MULLINS III
St. Vincent's Hospital
Worcester, Mass. 01610

JAMES J. NOCON
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

JAY NOGI
Temple University Hospital
Philadelphia, Pa. 19140

JAMES P. NOONE
Robert Packer Hospital
Sayre, Pa. 18840

JOHN L. NOSHER
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

NANCY K. O'CONNOR
Misericordia Hospital
Philadelphia, Pa. 19143

TODD B. ORVALD
Duke Medical Center
Durham, N.C. 27706

BARRY H. PENCHANSKY
Lancaster General Hospital
Lancaster, Pa. 17604

ROBERT A. PLACE
Thomas Jefferson University Hospital
Philadelphia, Pa. 19107

PHILIP A. POMERANTZ
Wilmington Medical Center
Wilmington, Del. 19899

MARK A. POSNER
Naval Hospital
Bethesda, Md. 20014

THEODORE G. PROBST
Presbyterian Hospital
New York, N.Y. 10032

WILBUR M. PRYOR
University of Miami
Affiliated Hospitals
Miami, Fla.

JEFFREY S. RAKOFF
San Diego County University
San Diego, Cal. 92103

WILLIAM B. RATCHFORD
St. Christophers Hospital
Philadelphia, Pa. 19133

PAUL A. RAYMOND
Conemaugh Valley Memorial Hospital
Johnstown, Pa. 15905

JOHN H. READ, JR.
Rhode Island Hospital
Providence, R. I. 02902

RANDOLPH A. READ
University Hospital of
San Diego County
San Diego, Cal. 92103

Father, Robert Gordon Rhoda, M.D., 1947 (Dec'd.)

DMOCHOWSKI, THADDEUS J.
Cousin, John F. Dmochowski, M.D., 1970

EWING, EDWIN P., JR.
Uncle, James L. Gardner, M.D., 1941

FALK, ROBERT B., JR.
Cousin, Gilbert Clime, M.D., 1936

FELL, WILLIAM F., JR.
Uncle, Rudolph Glocker, M.D., 1933

GROSSMAN, RONALD D.
Cousin, William K. Grossman, M.D., 1968

JOHNSTON, RUSSELL G.
Grandfather, R. W. Johnston, M.D., 1910
Gr. Grandfather, A. R. Johnston, M.D., 1871

JONES, DAVID W.
Brother, Paul B. Jones, M.D., 1965

JORDAN, JEROME W.
Father, James S. Jordan, M.D., 1930

KLINMAN, STEVEN W.
Cousin, Jerome Klinman, M.D., 1960
Cousin, Norman Klinman, M.D., 1962

LANGAN, EDWARD LAWRENCE, III
Uncle, Thomas Joseph Langan, M.D., 1942

LECHMAN, MICHAEL J.
Father, Joseph F. Lechman, M.D., 1932
Uncle, T. W. Moran, Sr., M.D., 1899
Cousin, T. W. Moran, Jr., M.D., 1947
Cousin, T. M. Sproch, M.D., 1944J
Cousin, R. M. Sproch, M.D., 1947

MANDEL, SHELDON R.
Uncle, Martin M. Mandel, M.D., 1947

MONK, SUSAN M.
Father, John Spatz Monk, M.D., 1944S
Gr. Grandfather, G. Emanuel Spatz, M.D., 1897

NOGI, JAY
Uncle, Henry Fish, M.D., 1938

PRYOR, W. MICHAEL
Grandfather, William T. Brinton, M.D., 1911
Uncle, William Thomas Brinton, M.D., 1952

RAKOFF, JEFFREY S.
Uncle, Abraham E. Rakoff, M.D., 1937

RUBY, EDWARD B.
Father, Victor M. Ruby, M.D., 1945
Cousin, Joseph Waldman, M.D., 1930
Cousin, Shelly Soss, M.D., 1964

SILVER, STEPHEN C.
Father, Morris A. Silver, M.D., 1932
Uncle, I. O. Silver, M.D., 1934
Cousin, Lawrence Silver, M.D., 1966
Cousin, Murray Grosky, M.D., 1961

SMITH, ARTHUR K.
Cousin, Robert Smith, M.D., 1957

SMITH, J. STANLEY, JR.
Father, J. Stanley Smith, M.D., 1933
Brother, Donald A. Smith, M.D., 1965

STARRELS, MICHAEL E.
Brother-in-Law, Robert Kirschner, M.D., 1967

SUSSMAN, ROBERT L.
Father, Nathan Sussman, M.D., 1935

TIMINS, JULIE E.
Husband, Eugene Lawrence Timins, M.D., 1969

WATERHOUSE, ROBERT B.
Father, Robert P. Waterhouse, M.D., 1937

WEISS, JEFFREY C.
Uncle, Morris Parmet, M.D., 1939



The Graystone Apartments at the corner of 11th and Pine served as a landmark to classes of Jefferson alumni. The landmark was demolished this past spring to make way for a park. The AKK House (bottom photo) has a new view.

Letters to the Editor

To the Editor:

Today, I received the Jefferson Medical College Alumni Bulletin of Spring 1971.

In your article, "Scott Library and Administration Building" on page 2, line 9, there is this statement: "The work of the firm of Harbeson, Hough, Livingston and Larson, its form is mainly that conceived by the late Roy Larson, although many details were chosen from alternatives by the firm's Design Committee."

I wish to inform you that Roy Larson is a dear friend of mine and as per today, he is still living, and if I am not mistaken, is planning for a trip.

I do feel that this needs a correction in the next edition of your journal.

Nicholas Padis, M.D.
Honorary Clinical Associate in Medicine
Lankenau Hospital
Philadelphia

Editor's Note

The Bulletin extends sincere apologies to Mr. Larson for any inconvenience this error may have caused.

To the Editor:

In June I returned to Jeff for my fifteenth reunion and saw the new construction for the first time. Approaching Jefferson from the north on eleventh street, I was greatly impressed as all the new buildings loomed before me. However, I was dumbfounded when I saw the Library sparkling like a good center gem in a fine piece of jewelry.

MacCollum Bequest

Isaac J. MacCollum '14 has bequeathed \$132,172 to Jefferson to be used for permanent construction purposes. When he died in December 1968, Dr. MacCollum had achieved a long record of service in many different administrative positions. He had served as President of the Kent County Medical Society, the Medical Society of Delaware, the Delaware State Board of Health, and the State Parole Board. He was also a member of the Delaware State Hospital Board of Trustees. More recently, he was Chairman of the local board of the Baltimore Trust Company, a second-term trustee of Wesley College, and Chairman of the advisory board of the Camden branch of the Wilmington Trust Company. He served on the staff at Milford Hospital and at Kent Hospital.

Dr. MacCollum was Lieutenant Governor of the state of Delaware from 1940 to 1944. He ran for Governor in 1944 on the Democratic ticket and lost by only 1600 votes.

This building is, in my opinion, a masterpiece of design. It differs enough from its neighbors to be interesting and appealing. The curves of its arches are warm and inviting, in contrast to the tall, hard lines of the surrounding buildings.

I disagree strongly with the position taken by Dr. Teitelman in his article on the building in the Spring issue. I do not find the Library incompatible with its neighbors nor do I believe that conformity is necessarily appealing. Finally I do not think that buildings should be psycho-analyzed but rather used and enjoyed. From the brief glimpse I had, I felt that both the students and staff worked comfortably and happily there. Thus the building would seem to be fulfilling its function.

John M. Daniel, M.D. '56
Beckley, West Virginia

Editor's Note

Reader comments unanimously support Dr. Daniel's statement regarding the design of the Scott Library.

To the Class of 1971:

When I last met with you on your Class Day at Jefferson, I was so surprised and astonished that I was actually speechless, and therefore, had not the presence of mind to express my deep gratitude to you in choosing me as the recipient of the Lindback Award.

I think we, as a group, came to a nice conclusion, considering the fact that we met first with a series of 8 A. M. classes, and that many of my meetings with you were on a Saturday morning, so that I can only attribute your conclusion that I teach well to the excitement and joy that I feel while doing so. It must come through, and I thank you for recognizing it.

I shall not forget the class of 1971.

John J. Dowling, M.D. '47
Lankenau Hospital
Philadelphia, Pa.

To the Editor:

I read with much interest Dr. Willard Krehl's article in the *Alumni Bulletin*, "Community Health: the Fourth Leg." I recently reread it with much greater interest.

I have been in the practice of general medicine in Greenville, Ohio since my internship at the Miami Valley Hospital in Dayton. Quite recently Greenville (pop. 12,500) has suffered a doctor shortage as have many small towns. One general practitioner retired, one returned to a residency, one has suffered ill health and two more general practitioners will be retiring in the next two years. At thirty-five I am the youngest Doctor in Greenville. I sadly realize that I will be forced to specialize unless I receive help with the work-load.

A committee of interested citizens has been formed to seek additional doctors, but no one is as vitally interested in this problem as we are. Perhaps the problem would not seem so impossible if we could receive some assurance that there are still graduates who desire a general

practice in a small town. Could you supply us with a list of the 1971 graduates and their internship assignments? I would greatly appreciate any help you can give us.

William Browne, M.D. '61
Greenville, Ohio

To the Editor:

A Friendly Reply to R. John Gould, M.D.
Dear John:

I hold no one higher as a person and a skilled professional than yourself. There is much of merit in your Letter to the Editor published in the spring issue of the *Alumni Bulletin*. But John, you have sent it to the wrong place.

Jeff does the best she can. So do her graduates and as a group so does the Alumni Association. Compared with other health organizations, scholastic and otherwise, what she has accomplished is astounding. And she has proved herself relatively amenable to both suggestion and change.

Some background bulwarks my thinking: teaching at schools other than Jefferson and heading departments in various hospitals. Also as a resident, mine was the privilege of working under Joseph DeLee when his dream was to bring good obstetrics to the ghettos of Chicago. (Why slums have suddenly all become ghettos escapes me.)

Perhaps I am the one who is wrong. Very likely in no other major medical periodical would your letter article have received such prominence. In that case the mistake lies in the belief that any one Medical School can do the job alone.

By the way, John, do you know of any other bulletin that would proudly display a new building (the library) and have the courage to criticize it in the same issue?

Ernest L. Noone, M.D. '23
Elverson, Pa.

Staff Change

In May Mrs. Robert D. Bonner (Elinor) resigned from the staff of the *Alumni Bulletin*. She has accepted the position of Assistant Director of Public Relations at Hahnemann Medical College and Medical Center. Since July 1966 Mrs. Bonner served the publication as first Assistant and then Associate Editor. During her five years at Jefferson Mrs. Bonner was responsible for the preparation and editing of copy and for the development and writing of feature stories. She received particular praise for her research and writing of the historic materials in the Centennial Bulletin. Replacing Mrs. Bonner is Mrs. Symington P. Landreth, III (Elizabeth). She began her duties as Assistant Editor in mid May. Mrs. Landreth, a graduate of Smith College, previously worked for the Philadelphia Museum of Art and for Wescott and Thomson in Philadelphia.

shares the concern which is sometimes expressed that the volunteer segment of the Faculty is not growing in step with the full time segment. . . .

The report continued that "the best clinical teaching most often is done by experienced practicing physicians who keep abreast of the times, can communicate and are interested in teaching nothing can replace the time-tested value of personalized clinical practice as the foundation for good clinical teaching."

Volunteer faculty is as important as fulltime faculty and is equally deserving of accolades and academic awards. Adding to the volunteer segment of the faculty, however, is a complex problem. Additional volunteer staff would bring even greater pressures upon the limited bed capacity, penalizing those long associated with Jefferson. Neither limiting full time staff (primarily related to research) nor decreasing this staff would solve the problem since the total number of beds used annually by these members is not as great as beds used by a busy volunteer.

There is no dichotomy between the aims of the Association, the Administration and the Faculty. Basic educational concepts are not the issue but operational concepts.

The report went on to state that the committee "feels constrained to reply to the charges that the Executive Faculty consists mostly of physicians who demonstrate little interest in the clinical practice of medicine." If this were the case fourth year medical students would not list, year after year, internal medicine and general surgery as prime objectives following graduation, nor would these same graduates seek medical care for their families from these faculty members. The allegation seems to state that without superb clinical competence it is impossible to be a good Chairman. However, teaching, administration and research make equal demands for equal expertise. The important fact is that superb clinical competence does exist; in whom it exists is not important.

In order to create a more democratic scholastic community at Jefferson the Executive Faculty divested itself of much of its authority. The rewritten by-laws created a Professional Faculty including Professors and Associate Professors from both segments of the membership. Many Jefferson alumni are members of this staff.

In conclusion the report stated that "if communications and mutual understanding between alumni and faculty need improving, certainly the instrument to do so is now being created by the Executive Faculty. Let us never forget, despite best intentions, the price of scholastic superiority will ever remain eternal vigilance by all concerned with Jefferson's interest."

Another important milestone in the life of our College and University is that Thomas Jefferson Uni-

versity signed an agreement in affiliation with the University of Delaware "to promote medical interest in the field of health." The University also signed an agreement with the Delaware Institute of Medical Education and Research for reimbursement for a maximum of twenty Delaware students and an agreement with the Wilmington Medical Center for further clinical training.

An innovation in the Fall of 1969 was a Trustee-Faculty retreat of two days at the Paley House in Chestnut Hill. The suggestions and ideas proposed were so provocative and profound in nature that a Master Planning Committee for the College and University was formed, comprised of Trustees, faculty alumni and senior officers of the Administration.

In February 1970, President Herbut proposed the merger of the Children's Heart Hospital and its assets with the University. The affiliation with this long-established and renowned institution broadens the base of our academic research in the field of pediatrics.

The important physical changes which have taken place on campus have been reported in earlier Bulletins.

Significant changes have occurred in the composition of the Board itself. In 1969 Trustees suggested the election of women to the Board and the addition of a third Alumni Trustee and of a recent graduate of the College less than thirty years of age. The Board voted that the President of the Women's Board of Jefferson would serve as a trustee during her term of office. Accordingly, at the September meeting of 1969, Mrs. Samuel M. V. Hamilton was unanimously elected. Harold L. Stewart was greeted as the third Alumni trustee. In December 1969, Charles W. Bowser and John T. Gurash were elected to the Board. New members elected during 1970 were Mrs. Morgan Cowperthwaite, James M. Anderson, Orville H. Bullitt, Jr., Marvin Wachman, James W. Stratton, and our fellow alumnus, Abraham Cantarow. An alumna of the Class of 1970, Dr. Marie O. Russell, was elected by the Trustees to fill the recent graduate position. As an Alumni Trustee one soon senses he has joined an unbelievably hard-working, interested and forward-looking group, whose dedication covers all facets of Jefferson's being.

I cannot conclude this report without mentioning the Founders Group of the Thomas Jefferson University and their wives, trustees and friends of Jefferson who believe strongly in the upward surge and wide horizons of a great and honored institution of medical education, one hundred and forty-seven years old, our Alma Mater. I invite all of you to join with us in this endeavor.

Jefferson cannot go any way but forward! Thank you fellow Alumni for giving me three exciting and rewarding years as your representative at the hub of Jefferson.

Dr. Elmer H. Funk, Jr. '47
510 Millbrook Rd.
Devon, Pa. Chester Co. 19333



ALUMNI CALENDAR

September 8

Opening Exercises, McClellan Hall

September 22

Reception, Las Vegas, in conjunction with the meetings of the American Academy of Ophthalmology and Otolaryngology

October 1

Dinner in San Francisco for alumni in Northern California

October 2

Dinner given by Dr. and Mrs. George C. Griffith at their La Canada home for alumni in Southern California

October 12

Reception for Indiana alumni during the State Medical Meeting in Indianapolis

October 13

Dinner Jefferson Hall, class agents and reunion chairman

October 19

Reception during meetings of the American College of Surgeons, Atlantic City

October 25

Reception, Jefferson Hall, during meetings in Philadelphia of the American College of Chest Physicians

November 10-11-12

Seminar, The Management of Trauma in the Hand, College

November 19-20

Gynecologic Cytology with Histologic Correlations, College

February 2-14

Tenth Postgraduate Seminar—Portugal and Spain